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9-45-15M	a bee sed a			
VS A15	Proposition of	***	(

,	mary land	State	
ae l	BALTIMORE CITY HEALTH DEPARTMENT Registered No.		
F	CERTIFICATI	E OF DEATH	70-
n j	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	ਹੋਰ -
Iddhs	(a) Baltimore City, Maryland	(a) State MA (b) County Balte	ine!
y sı	(Street address 4 / Lowbordy Drug	001	
full y.	(c) Hospital of institutions Tray Juneou, Dundalk.	(c) City or town (If outside city or town limits, write RURA	L and give town)
gre		(d) Street No. 4/ Lembordy 2	sire
d le	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
nld an	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
NG ormation should be carefully death clearly and legibly.	3 (a) FULL NAME James martine	amose " A A A TO MAN A STATE	ELTANGE.
ion cle	3 (b) If veteran name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	orni binoon
G mat eath	No.2/2 -20-8493	20. DATE OF DEATH Jeine 2 194	7 at 3 A M
DIN nfor of d	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced married	21. I certify that death occurred on the date above state	
of in	6 (b) Name of husband or wife Mellic Camous	and that I last saw h 14 alive on 19 47, to 12	
em caus	6 (c) If alive, give age 5 years	Immediate cause of death	
FO ite	7. Birth date of deceased (mo., day, yr.) June 3 1990	Carcinona of	Duration
Every write	8. AGE: Years Months Days If less than one day	storeach !	
RESERVEI INK. Eve please write	56 11 29 hr. min.	Due to	
RESE INK. please	9. Birthplace Care Thoulle Horfordes	(4) 1	
	10. Usual Occupation Suffly mee	Due to	***************************************
MARGIN UNFADING Physicians:	11. Industry or business Silenten I marky	Other Conditions	
MARGIN NFADIN 1ysicians:	12. Name Charles W. amoso	(Include pregnancy within 3 months of death)	PHYSICIAN
MA	\$ 13. Birthplace assetts wille und	Date of operation	Underline the
	14. Maide Name Janes Welson	Major findings of operation:	cause to which death should be
LY, WITH important.	14. Maide Name Janua Victoria 15. Birthplace Harford Co Vicol.	of autopsy:	charged statis-
Z, V	16 (a) Informani Jourett & Comora	22. If death was due to external causes, fill in the fol	
17	(b) Address 4 (11 Wentworth Road	(a) Accident, suicide, or homicide	
PLAT	17 (a) Soual (b) Date thereof watto mid.	(b) Date of occurrence	M
. PI	(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Coun	ty) (State)
ITE	(c) Cemetery or crematory functionally startle	(d) Did injury occur about home, on faim, industrial p	place, in public
PLEASE WRITE correct age is esp	18 (a) Funered director Martin Fluid	(Specify type of place) While at work	
ag ag	(b) Address Lagrettsville Just-	(e) Means of injury	P
EAS	19 (a) must D- 47 (b) Jam D. Connelly	23. Signature	M. D.
PL	Date rec d by registrar	Address 3 B Mars / Sl Date sign	ed 6/3/47
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MARYLAND STATE DEPARTMENT OF HEALTH

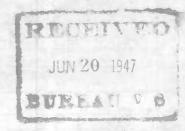
2411 N. Charles St., Baltimore

04736

CERTIFICATE OF DEATH

Reg. Di	at. No	42
Reg. Di	at. No	42

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, writs RURAL and give nearest town) Sireet No. 4.609 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Rev. Pane W. Che seins -	3. (b) Social Security Number
1. Sex 5. Color or race b.(a) Single, married, widowed, or divorced Wale Sharried	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife Nus Ada Austra	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.3., to
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. Months Days It less than one day	Immediate cause of death DURATION La Survellan Flux 20
9. Birthplace Slewerls Ivan (Town, county, and state) 10. Usual occupation Merchants Municipal (Town)	Due to. Arterio Selerario E Cochre digenerata Due to.
11. Industry or business 12. Name 13. Birthplace 7.	Dther conditions
14. Maiden name Cartarine Zullov	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mus Elis Haggies -	Antopsy results
Address 17. Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
tocation and new Market	Where did injury occur?
18. Funeral director J. B. Thelloughley	Means of Injury Injured at work?
19. June 16 19. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE Steven U. Letter M. D. or other Address 773 Shercie (46 Bery - Beets) " Date signed 6-16-47



PLEASE

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BEADSIE ASID	C100 4 00 83	DEDADTMENT	OF	TITLE TOTAL
MAKYLAND	SIAIL	DEPARTMENT	Ur	HEALIH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. D	ist. N	0		

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1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
county Balti				State Maryland Coun		
City or town			RURAL and give nearest town)		•	
How long in above place				City or town Baltimore (If outside city or town limits.	write RURAL and give ne	arest town)
Hospitai, institution, or	r street address where	death occurre	d:	Street No. 614 Reservoir S		
Vets. Adm.	Hosp., F	ort How	vard, Maryland	(If rurai, give		
How long in hospital o	r Institution?57	Days		2.(a) If veteran, name war		······································
3. (a) FULL NAM	E				3. (b) Social Security	Number
	BRUCE	T. BAI	R		Unknown	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	white		Married	20. DATE OF DEATH June 4.	19.4-7	7:35 P
6.(b) Name of husband	// wife Al	ga Bair	•	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	eased from
	The state of the s	6.0	c) It alive, give age45 years	April 8,	4. to unit 4.	319.4./
7. Birth date of	9-8	-96		and that I last saw h im alive on June	2.43	19.44(
deceased (mo., day,		Days	I If less than one day	Immediate cause of death		DURATION
,				Cerebral hemorrhage		
50	0 6	6	hrsmin.			Minutes
9. Birthplace Baltimore, Maryland (Town, county, and state)		Due to Hypertension, arte	rial	21 Yrs.		
			ugineer	,		***
10. Usuai occupation.	Unemploy	A. M		Due to		
11. Industry or busines	ss 21 S.	Mar.	ines		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Hame Bi	ruce Bair		***************************************	Other conditions Disease of hea	rt - Hyperten	sive-4Mos
12. Name Bruce Bair 13. Birthplace Maryland				and coronary arteriosc insufficiency enal Chinasa Dura	lerosis - Myo	cardial
	Martha Sm	ith		INSUITICE STATE OF WITHIN 3 TO	tion: Vrs	, 014
HOW 15. Birthplace	Pennsylva	nio.		Major findings of operations	orome true	
15. Birthplace	remasyrva	11181			Date of op	
16 Informant Cli	inical Rec	ords. I	Mets. Adm. Hosp.	Autapsy results	***************************************	
	Fort Howa			PHYSICIAN: Please underline the cause tu wh	ich death should he charged	statistically.
Address	-			22. VIOLENCE: If death was due to external caus	ses, flil in the following;	
17 Burial Date thereof (month) (day) (year)			reof	Accident, suicide, or homicide	Date of	
7/ 01 2/07			Times	Where did Injury occur?(City or town)		*************************
Cemetery occurrentions						
Location Salto, Md.			ia.	Injured at home, farm, Industry, public place (wh		*************************
18 Funeral director William Cook Suc.			Cook Juc.	Means of injury	tnjured at work?	
1B. Funeral director	1217	-	Paul of	Robert h.	alleson	1
19. (Date reg/d by r	19 7	/	h Heden	23. SIGNATURE M. CULLISON V.A.H. FORT HOWAI	M.D. CLIN,M.B.	
Date reo'd by r	egistrar)	li-	Registrar	Address	Date signed.	

1. PLACE OF DEATH:

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04738

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rite RURAL and give nearest town)
CATION)
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county a calleman	Por newborn infants give residence of mother
	State Massilana County Ballymore
(If outside city or town limits, write RURAL and give nearest town)	61-1
How long in above place of death? 25 years	(it outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 12 4 newburg are
V-	(If rural, give LOCATION)
How long in hospital or institution?	
	2.(a) If veteram, name war
James L. Barnes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE OF BEATH June 29 1947 21 5.30/ M
8.(b) Name of husband or wife Eww L. Barries	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	February 13 1145 10 Jun 29 1147
7. Birth date of	and that I last saw had alive on 2000 18.4
accessed (moti an):)110	Immediate cause of death
8. AGE: Years Months Days 11 less than one day	Quel Myscardial Failure 5 minute
maral.	de la la serie de
9. Birthplace	Due to Chr. Cardio Vasculas Decare 57.
1	
	Due to
11. industry or business, Heal bolale	
12. Name Lician Barnes	Dther conditions
13. Birthojace Muss	
# 14. Maiden name Christa Prince	(Include pregnancy within 8 months of death)
15. Birthplace Conn.	Major findings of operations
2 15. Birthplace	Date of op.
16. Informant Cora X. Darrie	Autepsy results
Address 124 Newburg are -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 7-47	22. VIOLENCE: 11 death was due to external causes, till in the following:
(Burial, cremation, or removal Which?) Dale the col. (day) (year)	Accident, suicide, or homicide
Took of the took	
Cemetery or crematory	Where did injury occur?
Location Taltimol Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director Education Mac Mark	Means of Injury Injured at work?
to an on o	al ve el
Address Valous velle - Ma.	23. SIGNATURE / Lelows D. Fallagy M. W.
107-2- 117 Starry St. Illeller	M. D. or other
(Date rec'd by registrar)	Address Calonavillo-28, Ma Date signed 6-30-57

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HTARK RO STADISTRAD

STREET, STREET

JUL 3 1947

MARYLAND STATE DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death Rearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town Relay 27. Md. (If outside ety or town limits, write RURAL and give nearest town) How long in above place of death? 2/25/43. Hospital, institution, or street address where death occurred: Relay Sanitarium How tong in hospital or institution? 2/25/43.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Agnes Gertrude Barrett	3. (b) Social Security Number
4. Sex Female White Single Sister:	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Mrs. Charles F. Sullivan 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 80 2 11	Nov 15 19 45 10 June 2/ 19 4)
16. Informani Mrs. Charles F. Sullivan Address Ruxton, Baltimore 4, Md. 17. Burial (Burial, cremation, or removal Which?) Cemetery or crematory Green Mount Location Baltimore, Md. 18. Funeral director 19. W. Meady suddom Address 805 N. Calvert Street	Autopsy results. PHYSICIAN: Plense underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, Illi in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured et home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or othey

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

04740

H	CERTIFICAT	Reg. Dist. No.		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	County Baltimore City or town Middle River (If outside city or town limits, write RURAL and give nearest town)	State Md. County Balto.		
H	How tong in above place of death?	City or town		
	Hospital, Institution, or street address where death occurred: 502 N1ddle River Road	Street No. 5.02 Middle River Road		
	How long in hospital or institution?	2.(a) If veteran, name war.		
	3, (a) FULL NAME	3. (b) Social Security Number		
	CHARLES H. BARTELS			
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	male white married	20. DATE OF DEATH June 21st, 1947 at 3:15A. N		
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4		
١	deceased (mo., day, yr.) Sept. 20th, 1903	Immediate cause of death		
	8. AGE: Years Months Days If less than one day	To also also also also also also also als		
	40 9 1	Might Plants buch		
	9. BirthplaceBaltoCoMd	Due to		
	10. Usual occupation	Que to Coronar actives.		
	11. Industry or business Bottling Co.	Jelenes bus		
1	E 12. Name Louis H. Bartels	Other conditions		
1	13. Birthplace Balto. Co., Md.	(Include pregnancy within 3 months of death)		
	14. Malden name	Major findings of operations.		
	15. Birthplace Balto. Co., Md.	Date of op.		
	16 Interment Mrs. C. H. Bartels	Autopsy results		
	Address 502 Middle River Rd Balto. 20Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	Date thereof June 24, 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		
	Cemelery or crematory Moreland Memorial Park	Where did Injury occur?		
	Location Taylor Ave., Balto., Md.	Injured at home, farm, Industry, public place (where?)		
1	18. Funeral director Lander French Home	Means of Injury Injured at work?		
1	Address 7401 Belair Road	XELISA Beneson		
	19. 6-7 - 19. John 5 Comelly (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address J. Overlan ampate signed b/2//4		
	(Date recal by registrar)	Whiteso		

JUL 7 1947

9-45-15M

VS A15

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BALTIMORE HEA			
CERTIFIGATE	OF	DEATH 92	C

Registered	No
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		1.21724
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	12741
(b) Street address 199 Oaklee Village	(a) State (b) County	
(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RUR	AL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No) (Yes or No)
3 (a) FULL NAME LILLIAN EST		
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
no No. no	20. DATE OF DEATH June 18, 194	7 .4:30pm
4. Sex Female 5. Color or race divorced. Married divorced. Married	21. I certify that death occurred on the date above sta	ted; that lattend-
6 (b) Name of husband or wife Nicholas K. Bevan	and that I last saw her alive on 6-/8-	
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Dec. 25, 1895	Pulmman Embreron	Instart,
8. AGE: Years Months Days If less than one day 51 5 23 hr min	- 81 - 5	
	Due to Manuali Endocade tis con	
9. Birthplace Baltimore, Md. (Town, county, and state)	D. A.	10 yn.
10. Usual Occupation Housewife	And the state of t	
11. Industry or business	Other Conditions	***
E 12. Name C. W. Brown	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name C. W. Brown 13. Birthplace Balto., Md.	(Include pregnancy within 8 months of death) Date of operation	100
	Major findings of operation:	Underline the cause to which death should be
14. Maiden Name Frances Atkinson 15. Birthplace Maryland	of autopsy:	" charged statis-
16 (a) Informant Mr. Nicholas K. Bevan	22. If death was due to external causes, fill in the f	
(b) Address 199 Oaklee Village	(a) Accident, auicide, or homicide	
17 (a) Burial (b) Date thereof 6/23/47	(b) Date of occurrence	
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	nty) (State)
(c) Cemetery or crematory Druid Ridge Com.	(d) Did injury occur about home, on farm, industrial	nty) (State) place, in public
Location Pikesville, Md.	place?	
18 (a) Funeral director WM. J. TICKNER & SONS		
(b) Address Balto. Md.	(e) Means of injury 23. Signature 12. Means of injury 12. Means of injury 12. Means of injury 13. Means of injury 14. Means of injury 14. Means of injury 15. Means of injury 16. Means of injury 16. Means of injury 17. Means of injury 17. Means of injury 18. Means of in	•••••••••••••••••••••••••••••••••••••••
19 (a) (Date fee'd by pgistrar) Registrar	Address 2424 Entaw Place Date signed 6-19-4	
V S 150		1/

2411 N. Charles St., Baltimore

04744

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	Dist	20.7	0,	01

CERTIFICAT	E OF DEATH
County (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Olis Morthungton B	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write in the state of the stat
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIF 20. DATE OF DEATH
6.(b) Name of husband or wifs 7. Birth date of decsased (mo., day, yr.) 8. AGE: Ysars Months Days It less than ons day 48 5 / O hrs. min. 9. Birthplace Atlanta (Town, county, and state) 10. Usual occupation. 11. Usual occupation.	and that I last saw n. 2.22 allys on ? Justine last saw n. 2.22 allys on ? Justine last herough left hemistration of the last hemistration of the
11. Industry or business 12. Name Brailer 2. J. Blunt 13. Birthplace Drawit Med. 14. Maiden name Lawa Worthington 15. Birthplacs Howard County Med. 16. Informant Mrs. Sara Blunt - wife	Other conditions
Address Scanite, Md. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Family Burying Ground Location Granite, Md.	PHYSICIAN: Please woderline the caose to which deat 22. VIOLENCE: If death was due to saternal causes, fill I Accident, suicide, or homicide
18. Funeral director. WM. J. TICKNER & SONS Address Balto., Md. 19. 6 9	23. SIGNATURE Lanks & Wilks Address Dikewille 8, md.

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	
n. 01	B 14.
itate Manytant Count	James
(If outside city or town limits,	write RURAL and give nearest town)
Street No.	
(If rural, give L	OCATION)
2.(a) If veteran, nams war	
0 -1	3. (b) Social Security Number
lund	218-03-7430
MEDICAL CE	RTIFICATION
O. DATE OF DEATH 7 June	1947 at 10 P
21. I CERTIFY that death occurred on the date above	
1 may 19.4	7 to 7 June 1947
and that I last saw halivs on	19.
mmediais cause of death	DURATION
arebal hemon	rage-
Jus to Malignant	hypertension
Due fo	
Ither conditions	
(Include pregnancy within 3 me	onths of death)
Major findings of operations	
	Date of op
Actopsy results	ch death shoold be charged statistically.
22. VIOLENCE: If death was due fo saternal caus	
Accident, suicide, or homicide	
Where did Injury occur?(City or town)	(County) (State)
njured at home, farm, Industry, public place (who	ere?)
Msans of Injury	Injured at work?
of and	00 2 0
23. SIGNATURE Railes & Mil	lians M. D.
. 0	M. D. or other

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coris especially important. Physicians: please write the causes of death cleaky and legibly.

WRITE

PLEASE

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1. PLACE OF DEATHS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn-trip nts give residence of mother) State
Street No
3. (b) Social Security Number

Hospital, Institution, or street address where death occurred:	Sireet No. / Cural		
Harleman Cat	(If rural, give LOCATION)		
How long in hospital or institution?	. 2.(α) If veteran, name war		
3.(a) FULL NAME ORPHIL T. BODAMER	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced NWW.	MEDICAL CERTIFICATION 6-79-47 20. DATE DE DEATH 6-29-47		
8, (b) Name of husband or wife Rosannal Bollamer 6. (c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Lent 10 - 1895	and that I last saw halive on		
8. AGE: Years Months Days If less than one day 5/ / / / / / / / / / / / / / / / / / /	IBBOOK COLOR		
9. 8irthplace (Town, county, and state)	Due to		
10. Usual occupation. Sarafi Ing.	Due to		
11. Industry or business 12. Name 13. Birthplace 13. Birthplace	Other conditions		
14. Malden name Packling R Million R	(Include pregnancy within 3 months of death) Major fiadings of operations.		
16. Informant Mus . Rosannas Bydamar	Autopsy results		
Address & Hartman Gos. Cetary 2/ 17 Man val (Burlal, cremation, or ryggoval. Which?) Bate thereof. Fine 79-47 (Burlal, cremation, or ryggoval. Which?)	22 VIOLENCE, if death was due to external causes, fill in the following:		
Cemetery or crematory Translet Catherine	Whera did injury occur?		
J. Homely E. C. Peterson Corsex			

(If outside city or town limits, write RURAL and give nearest town)

. I CERTIFY that death occurred on the date above stated;	
d fhaf I last saw halive on	
mediate cause ut death Oracle	DURATION
10	
to	
er conditions	
(Include pregnancy within 3 months of	death)
jor fiadings of operations	••••••

23. SIGNATURE

Address

Registrar



A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimora

Reg. Diat. No ...

04746 P

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Many County County
1	City or town (If outside city) outside surity Right AL and give nearest towns
	Street No. 2 6 2 6
	(H rufal, five LOCATION)

1. PLACE OF BEATH	-		
County	co.		
City or town(If outsid	e city or fown lim	its, write R	URAL and give nearest town)
How long in above place of de Pospital Institution or stree			
Hospital Institution or stree	address where de	ath courred	La-0
	11000	7	11/- 40-
How long In hospital or Insti	tution?		13/12
3. (a) FULL NAME	/	2	1 6
1	arra	20	homas 12
4. Sex 5. 1	otor or ace	6.(a)Single	married, widowed, or divorced
Male 1	mile.	(1	Married
	Rut	RX	Bowers
6.(b) Name of husband or wit	e		
7. Birth date of	200	6.(9) It alive, give ageyears
deceased (mo., day, yr.)	May	12.	- 1896
8. AGE: Years	Months	Days	If less than one day
51	0	25	hrsmin.
9. Birthpiåce		unty, and s	
10. Usual occupation		um 1	
11. Industry or business	Edwin		(4)
12. Name	liam		er o
	Carro	le c	o. Md.
14. Malden name	Edith	Tw	MET
S 15. Birthplace	State 1	Line	i ned.
16. Informant Rec			
Address 26	23 30	ircl	ay J.
17. Bur	emoval, Which?)	Oate there	(month) (day) (year)
Cemetery or eremetory	Lose	don	rank
	Balto		
	Villic	rm (Pook Duc.
Address	1217	C/ 7	apul I.
Name 22	~ ~	- 1	7.00

Street No. 2	nite write RIRAL and give n	CT-
2.(a) If veteran, name war		V.
	3. (b) Social Security	Number
owere	215-05-	4408
MEDICAL	CERTIFICATION	
20. DATE OF DEATH	ine 7 147	, at
21. I CERTIFY that death occurred on the date		
and that t last saw halive on		19
Immediate cause of death		OURATION
Coronary .	1-a-0	
	coursesy	3
	***************************************	- X
Due to		••••
Other conditions		****
itner conditions		••••
(Include pregnancy within	3 months of death)	****
Najur findings of operations		
***************************************	Date of op	
Autopsy results		d statistically.
22. VtOLENCE: If death was due to external	causes, fill in the following;	
locident, suicide, or homicide	Date of	
Where did injury occur?(City or tow	n) (County)	(State)
	(mb = == 2)	
njured at home, farm, Industry, public place	(where?)	

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) county/ Baltimore State Maryland County Fort Howard (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 42 Days information carefull of death Clearly and (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 809 S. Paca Street Vets. Adm. Hosp., Fort Howard, Maryland (If rural, give LOCATION) How long in hospital or institution? 42 Days 3. (a) FULL NAME 3. (b) Social Security Number GEORGE C. BOYCE 6.(a) Single, married, widowed, or divorced 5. Color or race Married FOR BINDING White Male 6.(b) Name of haskand of wife Maude M. Boyce and that I last saw film alive on June 23. 7 Right date of 4-5-91 Immediate cause of death ALVEOLAR CARCINOMA OF deceased (mo., day, yr.) tf less than one day Years Days 8. AGE: RESERVED 18 9. Birthplace Winchester, Va. (Town, county, and state) Ass't Shipper in Usual occupation. MARGIN 11. Industry or business 12 Name John H. Boyce 13. Birthplace Virginia 14. Maiden name. Cather. 14. Maiden name Catherine Taylor Major findings of operations..... 16 Informant Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide..... Where did Injury occur?(City or town) 国 Injured at home, tarm, industry, public place (where?) Means of Injury SE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

DURATION

plus

75 days

Reg. Dist. No ..

218-07-8031 MEDICAL CERTIFICATION

20. DATE OF DEATH June 23. 19.47 at 12: Noon M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 12, 19 47 to June 23, 19 47

LEFT LUNG WITH METASTASIS TO

(Include pregnancy within 3 months of death)

Autopsy results Substantiated Above

PHYSICIAN: Please noderline the cause to which death should he charged statistically.

... Date signed 6-23-4 Address VAH Fort Howard, Md.

2411 N. Charles St., Baltimore

93d

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CERTIFICATE OF DEATH

	Disa		2	7
T	D1	81.	~)	

CERTIFICATION .	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Baltimore City or town (1f outside city or town limits, write RURAL and give nearest town)
Baltimore County Hame	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Brady	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white	20. DATE DE DEATH. 6. P. 19 47 at 6. P. 1
6.(b) Name of husband or wife Mary Hamble Brady	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw A
deceased (mo., day, yr.) 8. AGE: Years Jonths Days If less than one day	Immediate cause of death May o Carailes DURATION
8/ // 2/hrsmin.	(Cardiae asthma) 2 yrs
9. Birthplace Royers Fage maryland (Topin, county, and state)	Due to arterio Ollisosio -
10. Usual occupation Machinest	Due to Simility.
11. Industry or business	
12. Name Frank Brady 13. Birthplace Dreland	Other conditions
14. Maiden oame Mary Ann Ray 15. Birthpiace Scotland	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations.
18. Informant Baltimore Co. House	Antopsy results
Address Texas and.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Balting County Home	Where did Injury occur?
Location Tempo Don d.	Injured at home, farm, industry, public place (where?)
18. Funeral director Landon M. Brosko	means of injury injuries at work?
Address Sparks and	22. SIGNATURE Wilmer 6. Ousor M.D.
19. (Date red by registrar) 19.4) Wing less (September 19.4)	M. D. or other Cockey sville Md Date stoned 6/14/47.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE

JUN 20 1947
BUREAU V 8.

COPY SENT TO LOUGH IN GIVE HAN NO. DATE 6/20/4)

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No. ..

1. PLACE OF I	DEATH: timore			2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:	
City or town Halethorpe, Maryland (If outside city or town limits, write RURAL and give nearest town)		state Maryland				
	If outside city or town is ace of death?			City or town Halethorp	e limits, write RURAL and give ne	arest town)
	or street address where		***************************************	Street No. 3634 Washi		
		•••••		(If rural,	give LOCATION)	
	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NA	ME		LSBURY BROOKS		3. (b) Social Security 212-05-518	Number 5
Male	5. Color or race Colored		married, widowed, or divorced lower		CERTIFICATION	9500
B.(b) Name of husba				21. I CERTIFY that death occurred on the da	te above stated; that I attended dece	ased from
7. Birth date of	Santa		If allve, give egeyear 12, 1861	and that I last saw harmalive on		
deceased (mo., da	ears Months	Oays	If less than one day	Immediate cause of death.	us hyseardle	OURATION
85	7	5	hrs min		- Delever	Sun
9. BirthplaceW	oodville,	Prince	e George Co. M	Ad Bue to		
11. Industry or busin	ness Gas a	ind Ele	ectric Co.	Due to		***
13. Birthplace	UNKNOWN			Other conditions		
14. Malden nam	Sarah	Brooks	3			
14. Malden nam	Maryla	ind		Major findings of operations		• • • • • • • • • • • • • • • • • • • •
16. Informant M		Marti	n Blvd.	Autopsy results	to which death should be charged	
			June 20 191 (month) (day) (year)		Date of	
Cemetery or crem Ba	altimore,	Maryla	and.	Where did injury occur?(City or to	ce (where?)	(State)
1B. Funeral director	Mrs. Geo 631 Druid	rge H Hill	. Holland Ave.	Means of injury The Ward	est aisa.	h. D.
19. 6/3	60 147	6/	w Hedre	3. SIGNATURE PROPERTY	M. D.	or other 6/, 9 /47

9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 33

1. PLACE OF DEATH:	Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County /		state Md County Belto
City or lown(If outside city or	limits, write RURAL and give nearest town	City or town Glyndon (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(yrs	
flospital, institution, or street addres	s where death occurred: Rd Glyndon	Street No. Butler Road
		(If rural, give LOCATION) 2.(a) If veteran, name war
How long In hospital or Institution?		
3. (a) FULL NAME		3. (b) Social Security Number None
	Alfred Brown	
4. Sex 5. Color or r		MEDICAL CERTIFICATION
M W	M	20. DATE OF DEATH. Posse 18 19 21
- 1.1	llian Gertrude Teal	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	6.(c) If alive, give age 50 years	1 1 4 6 19 19 19 19 19 19
9 Blate date of		and that I fast say h
Accessed (mort and 1 1 m)	June 19 1886	Immediate cause of death DURATION
8. AGE: Years Months		TODENIS MERINANDE COM
9. Birthplace Worthin	ngton Valley Balto Co M	Que to. My Orange
Fer	(Town, county, and state)	
10. Usual occupation	, the same and the	Due to Due to
11. Industry or business		
12. Name Samuel		Other conditions.
		(Include pregnanty-within 9 months of death)
14. Maiden name Sar 15. Birthplace Gly	ah Turnbaugh	
E 15 Rirthniace Glv	ndon	Major findings of operations.
	Gertrude Teal Brown	A torus and to
		Antopsy results
	r Rd Glyndon Md	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal.	Which?) Date thereof June 21 1947	Accident, suicide, or homicide
Cemetery or crematory	eisterstown Meth Cem	Where did injury occur?
Location	e1sterstown Md	Injured at home, farm, industry, public place (where?)
18. Funeral directorW.MB.	erryman & Sons	Means of Injury thjured at work?
Address Reis	terstown Md	23. SIGNATURE
19. 6 - 19 - 19	47 Clang B. Eline Registrar	Address Pantus Toron Page signed

JUN 24 1947 BUREAU F 6 MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT	H:	hil m ama		2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:	
County				Monerland		
City of town(If out:	side city or town li	onswill imits, write F	RURAL and give nearest town)			
			5	City or town Baltimore (If outside city or town limits, write F	RURAL and give nearest town)	
Hospital, institution, or st	reet address where	death occurred	d:	Street No. 11 South Arling	gton Avenue	
			pital	(If rural, give LOCATI	(ON)	
How long in hospital or in	stitution?	5 day	\$	2.(a) It veleran, name war	······································	
3. (a) FULL NAME				3. (b) Social Security Number	
	Edwa	rd Brow	Nn .			
4. Sex	5. Color or race	B.(a)Singi	te, married, widowed, or divorced	MEDICAL CERTIF	FICATION	
male	white		single	20. DATE DF DEATHJune11-	1947at.5:15a.N	
6.(b) Name of husband or	wife			21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from	
			c) if alive, give ageyears	19	to19	
7. Birth date of				and that I last saw halive on	19	
deceased (mo., day, yr.)		y 19,	1915 I If less than one day	Immediais cause of death	DURATION	
8. AGE: Years	Months					
32	4	23	hrs min.	TofTauslen		
9. Birthpiace	Baltim	ore, M	aryland	Due to		
10. Usual occupation	Arab	,	•••••	Due to Much alex	arlesse	
11. industry or business	Arabbi					
12. Name	George	Brown		Other conditions	welden Well	
13. Birthplace	Baltim	ore, M	aryland	(Include pregnancy within 3 months o	Luguing	
14. Maiden name	Lilly	McCubb	in		//	
14. Maiden name			ary land	Major fiedings of operations		
≥ 15. Birthplace					Date of op	
16, informant	Hospit	al rec	ords	Actopsy results	h should be charged statistically	
Address	Catons	ville-	28, Maryland,			
12 1/2 . 200	- 7	Data the	reot 5/14/47	22. VIOLENCE: 11 death was due to external causes, till i		
(Burial, cremation, o	r removal. Which?) Date the	(month) (dhy) (year)	Accident, suicide, or homicide		
Cemetery or crematory	if it is	er	A. 2/4 (C. C. C.	Where did injury occur?(City or town)	(County) (State)	
Location S X &	1 And	201.530	ick that	Injured at home, tarm, industry, public place (where?)		
Location		Demonte grata		Msans of Injury	Injured at work?	
18. Funeral director.	There of	T. R.	Combanda San Harris	04	, No bled	
Address -//	-07/	the	Jean ST	He hu H:	Shirt Mel	
Carrie-	17.	- /	(1) 46 1.	23. SIGNATURE	M. D. or other Ca	
19. Date rec'd by regis	trar)	1 4	Registrar	Address / 010 deeds an	Date signed 6-11-47	

MARGIN RESERVED FOR BINDING

Evidence for the change of MA	RYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore
FILM ito. G 110 JUL 24 1947	CERTIFICATE OF DEATH

		33
Rog. Dist.	No.	27

1. PLACE OF DEATH: County Balto. City of lown Boring	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. State
(If outside city or town limits, write RURAL and give nearest town limits of the RURAL and give nearest town limits of the RURAL and give nearest town limits, write RURAL and give nearest town limit	City of town
How long in hospital or institution?	Street No
3.(a) FULL NAME Adolph C.Brueckmann	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH June 23
6.(b) Name of husband or wife Hilds K. Brueckmann 7. Birth date of deceased (mo., day, yr.) Sept. 1, 1863 1884	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 6-23-147 to 6-33-147 to add that I last saw him allyoon not seen alive 19
8. AGE: Years Months Days If less than one day 62 6/3 9 22hrs.	Immediate cause of death DURATION Coronary Occulsion DURATION DURAT
9. Birthplace Savannah Georgia (Town, county, and state) 10. Usual occupation Electrical Contractor 11. Industry or business	Due to.
Theodore Brueckmann 13. Birthplace Germany	Other conditions
14. Maiden name Mary Kelly 15. Birthplace Treland	Major findings of operations
16. Informant E.T. Brueckmann	DEPOCIONAL DE LES DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DEL CASTA DEL CASTA DE LA CASTA DE LA CASTA DE LA CASTA DEL CASTA DEL CASTA DE LA CASTA DE LA CASTA DE LA CASTA DE LA CASTA DEL CASTA DELA
Address III Cakdale Ave. Catonsville 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Woodlawn Cemetery Location Balto.Co.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Fonoral director J.F. Eline & Sons Address Reisterstown, Md.	Means of Injury Injured af work?
19. 6-24 19.47 Clary B.F.L.M. Reg	23. SIGNATURE D. D. Caples 20, 20. Exam. M. D. or other M. D. or other Address Reisters town, Mid. Dato signed 6-24-147

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JUN 26 1947

WRITE

PLEASE

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tB. Funeral director

ate rec'd by registrar)

200

1. PLACE OF DEATH:

2 (c) FILL NAME

County.

City or town

BEATSTE	ABITA	OFF A FREE	DED A DESCRIPTION	OH	**** 4 * 75
MAKYL	AND.	STATE	DEPARTMENT	OF	HEAL.

2411 N. Charles St., Baltimore

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CERTIFICAT

Sti, Baitimore	0 1 1 0 0 /
E OF DEATH	Reg. Dist. No. 38
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
state Maryland	County Baltimore
City or town Towsc	
Street No. 306 W. Penna.	
(If rural, 2.(a) If veteran, name war	give LOCATION)
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH June 24,	19.47 ,21
21. I CERTIFY that death occurred on the date	e above stated; that I attended deceased from 18.47 to forme 2.42 18.47
	monfinning 3days

D. (W) A OLLE MALL					
		1	MARIAN	LOUISE	BURN
4. Sex	5. Color or race	6.(a)Sing	ie, married, wie	dowed, or divorce	d
Female	White			Marrie	d w
6.(b) Name of husband	or wife Willia	am K. I	Burns (c) If alive, giv	76	vears
7. Birth date of deceased (mo., day,	yr.) July 2			c agc	ycais
8. AGE: Yea	s Months	Days	If less th	an one day	
74	11	1		hrs	mln.
10. Usual occupation. 11. Industry or busine 12. Name Sa 13. Birthplace	ss At I muel Belle Maryland	Hom e son		-	
t4. Maiden name	Mary	?			
t5. Birthplace	Mary.	land			
t6. IntermantW	illiam K. 1 W. Penna.			. Md.	
17Burial, crematio	urial	Date the	reof June	26,194	7 year)
Cemetery or crema	Prosp	ect Hi	11 Cem	etery	***********

Baltimore

How tong in hospital or institution?....

How tong in above place of death?.... Hospital, Institution, or street address where death occurred:

Towson

(If outside city or town limits, write RURAL and give nearest town)

306 W. Penna. Ave.

PHYSICIAN: Please underline the cause to which death should he charged statistically.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following:



post galler

ADING INK. Supply every item of information carefully. The com-Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERTIFICAT	E OF DEATH Reg. Dist. I	No. 32	
How long in above plac Hospital, Institution, o	Mount Willoutside city or town lim e of death? 1 yr. r street address where do Id. Tubercu or Institution 1 yr.	son its, write RURAL and give nearest town) 1,10 mos.,7 days alh occurred: Mt. Wilson alosis Sanatorium 1,10 mos.,7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Carol City or town Denton (If outside city or town limits, write RURAL and Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Se	give nearest town)	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATIO)N	
Male	White	Married	20. DATE OF DEATH June 24, 19		
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attend August 17, 1945 to June and that I last saw h im. alive on June 24,	ded deceased from	
T. Birth date of deceased (mo., day,	yr.) March I	1898	Immediate cause of death		
8. AGE: Year	rs Months	Days If less than one day 14hrsmin.	Pulmonary Tuberculosis	2 yrs.	
9. BirthplaceWilmington, Delaware			Due to Tubercle Bacilli		
10. Usual occupation Forest Supervisor			Due to.		
11. Industry or business 12. Name William Cahall			Other conditions Spontaneous Pneumo- thorax (Include pregnancy within 3 months of death)		
≝ 14. Malden name Sadie Harvester			Major findings of operations. No operation		
			Major findings of operations		
S 15. Birthplace Suffolk, Virginia 16. Informant Mr. John H. Cahall			Antoney yearlits	****************	
Address Denton, Caroline Co., Md. 11. Burial (Burial, cremation, or removal, Which?) Bale thereof. June 28,1947 (month) (day) (year)			PHYSICIAN: Please underline the cause to which death should be 22. VIOLENCE: If death was due to external causes, fill in the followin Accident, suicide, or homicide		
Cemetery or crematory Denton Cemetery			Where did Injury occur?	(State)	
Location Denton, Maryland			Injured at home, farm, Industry, public place (where?)		
18. Funeral director. J. B. Moore & Son.			Msans of Injury Injured at we	ork?	
Address Denton, Maryland			23. SIGNATURE SLEWART & SMC	MD, or other	
19. June 24. 19 47 Earl T. Welsker Registrar			Mount Wilson, Md. Date signed 6/24/47		



W. W. 1612. 302 Talantin . 2 (5.1 3) June 1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

047558

	Reg. Dist. No.		
1. PLACE OF DEATH: County Parkville Offy or town. (If outside city or town limits, write RURAL and give nearest town long in above place of death? How long in above place of death? Hospital, institution, or street address where death occurred: None How long in hospital or institution? None 3. (a) FULL NAME Clara Estelle Callis (Samuel Cara Callis Callis (Samuel Cara Callis Cal	Cily or town. 3003 Balder Avenue (If cutside city or town limits, write RURAL and give nearest town) Street No. (If cutside city or town limits, write RURAL and give nearest town) Street No. (If cutside city or town limits, write RURAL and give nearest town) None (If cutside city or town limits, write RURAL and give nearest town) (If cutside city or town limits, write RURAL and give nearest town) 3.(a) Street No. 2.(a) If veteran, name war. (If cutside city or town limits, write RURAL and give nearest town) (If cutside city or town limits, write RURAL and give nearest town) 3.(b) Social Security Number 2.15-03-9436		
Female White Married	20. DATE DF BEATH 6/4/47		
6.(b) Name of husband or wife Howard A. Callis Sr. 6.(c) If alive, give age 61 7. Birth date of deceased (mo., day, yr.) Nov. 25th., 1885	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death and the state of th		
9. Birthplace Baltimore, Md. (Town, county, and state) Housewife 11. todustry or business Joseph Henry Minnich	Due to.		
Baltimore, Md.	Dther conditions		
	(Include pregnancy within 3 months of death)		
17. maiudii Ganic	Major findings of operations		
2 15. Birthplace Baltimore, Md.	Date of op.		
Howard A. Callis Sr. Address 3003 Balder Avenue	Autopay results. PHYStCtAN: Ftease underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Cometery or crematory Taylor Avenue, Balto: Co.Mc	Where did injury occur?		
18. Funeral director George J. Ruth, Inc.	Means of injury Injured at work?		
Address 1735 Harford Avenue 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE Lace Lace Lace M. D. or other legistrar Address S. T. E. Hawker J. P. Date stepped (6/6)		

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		CERTIFICAL	LOII	JEATH	Reg. Dist. No	
How long in above place Hospital, institution, or Relay How long in hospital 3. (a) FULL NAM	Relay Outside city or town less of death? Admi or street address where Sanitariu or Institution? 5/2	imits, write RURAL and give nearest town)	State	(If outside city or town 115 W. Milb	E) OF DECEASED: nce of mether) County	nearest town)
4. Sex	5. Color or race	5.(a) Single, married, widowed, or divorced		MEDICAL	L CERTIFICATION	
Male	White	Single				7 9.15.
Brother;	11200	711610	20. DATE OF DE	EATH.	-/3 19.47	at
S.(b) Name of husban	John John	W. Calvert	21. I CERTIFY	that death occurred on the da	ate above stated; that I attended de	eceased from
7. Birth days of deceased (mo., day,	-18, (88)	,	and thet I last	saw halive on	1942 10 200	19.4.2
8. AGE: Years Months Star If less than one day			1	see of death	zelie ml f	DURATION
9. Birthplace Washington D.C. (Town, county, and state) 10. Usual occupation unemployed			Due to	uerne of the	strick -	Swel
11. Industry or busine	\$3 0	1 1 1				•
12. Name George N. Calvert 13. Birthplace Riverdale			Other conditions	ıs		
14. Malden name Farrie a. Seybolt 15. Birthplace			Major findings	(Include pregnancy with	20 my 4)	Surcom
2 15. Birthplace 16. Informani John W. Calvert			Antopsy result		Sate of op.	
Address Sto	neleigh Co	urt, Washington, D.C.	PHYSICIAN: I	Please underline the canse	to which death should be charge	ed statistically.
17			Accident, suicie	de, or homicide		
Cemetery or crematory.					own) (County)	
Location JANA Tralibert Magistral M. filete					ice (where?)	100001100110001000000110000110000
18. Funerat director			Means of Injury		Injured at work?	
Address 19 % Enfant Place			23 SIGNATURE	Zu	, Timb	D. or other
19. (Date recid by	6 194	Myale		27. las 2	2. 201 0	16/13/49

WHITE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

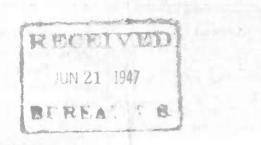
2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

Reg. Dist. No. 3557

1. PLACE OF DEATH: Covery Services Raltimore Catonsyille Catonsyille Covery Many Anne Arundel City or team. City or team. Covery Anne Arundel City or team. Covery Anne Arundel City or team. City or team. Spring Grove State Hospital City or team. City o							
Catonsyille Catonsyille Catonsyille Cover institute City or town Ci					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
We here is above there says where seals accorded to the control of							
New long in hospital or institution? T months, 19 days 3. (a) FULL NAME James C. Cantler 4. Set Male White Widowed Male White Widowed Second for silve silve set of the silve set of th	(If outside city or town limits, write RURAL and give nearest town)						
Spring Grove State Hospital Now long in hospital or bestluture? 7 months, 19 days James C. Cantler James C. Cantler 5. Color or race Male White Widowed E.(c) Kingle, married, widowed, or diverced Widowed E.(c) Kingle, married, widowed, or diverced statistical for a single fall altered decared from B. AGE: Tour Months of death or diverced statistically. Alternation, or removed, White Lander, committee, or removed	How long in above place of death? 7 months, 19 days				(If outside city or town limits, write RURAL and give nearest town)		
Second Continue Second County Second Cou					(1f rural, give LOCATION)		
3. (d) FULL NAME James C. Cantler 4. Set Male S. Color or race White Widowed 8. (d) Name of husband or wise. Annie. McDowell 8. (e) Haline, give age. Jest deceased (mo. day, r.) July 28, 1871 8. AGE: Tears Membr Days If less than one day hrs. In June 19, 1947 19. 112:20 November 1, 1946 Louding occupation. Riggers retired Due to Auricular fibrillation Riggers retired Due to Auricular fibrillation It wook The more David R. Cantler Due to Auricular fibrillation It wook The more David R. Cantler Due to Auricular fibrillation Riggers retired Due to Auricular fibrillation It wook The more David R. Cantler Due to Auricular fibrillation Riggers retired Due to Auricular fibrillation It wook The condition Due to Auricular fibrillation It wook C-V-R- disease Index. Distributes Haryland Due to Auricular fibrillation Riggers retired Due to Auricular fibrillation It wook C-V-R- disease Index. Distributes The condition Due to Auricular fibrillation It wook Construction Construction Major Eddings of operations Under a bear of operations Recipies and retired of operations Recipies a							
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S.(c) If alive, give age years S.(c) If alive, give age years S. (c) If alive, give age years In land that I lost saw h. i.M. alive on June 19, 1947. Inmediate cause of death. COCOMATY OCCULUSION Inmediate c	Male	White		Widowed	20. DATE OF DEATH June 19, 1947 19	., at .12:20P	
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and that fact saw h					November 1, 1946 June 19	1947	
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18. Funeral director & Formal of Injury Injured at work? Address Command of Colors Command of Injury Injured at work? 23. SIGNATURE Transfer Was Daniel Command of Injury Injured at work?	an solie on						
Address Organica for Olico 22.2. 23. SIGNATURE Trackor W.D.	16						
23. SIGNATURETsodore Tuerk. M.D.			7		Charles de milaty		
23. SIGNATURETsodore Tuerk. M.D.			Milo	1772	0.300		
19. (Date rec'd by registrar) 19.7 (Date rec'd by registrar) Address Catonsville, 28, Md. Rate cloned 6/19/47				MANUAL REAL	23. SIGNATUREIsodore Tuerk, M.D. M.D.	or other	
/ Pare to a plant of the parent of the paren	Date rec'd by registrar) (Date rec'd by registrar)				Address Catonsville, 28, Md. Date signed 6/19/47		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly.

H MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

47d

CERTIFICATE OF DEATH

eg. Diat. No. 39

/	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FUM. NAME 1000 Cocoloud C 4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	3. (b) Social Security Number 18-18-5650 MEDICAL CERTIFICATION
6.(6) Name of husband or wife The Felley help of	20. DATE DE DEATH CLASS 7 9 19 7 21 1 19 7 21 1 19 7 21 1 19 7 21 1 19 7 21 1 19 7 21 1 19 7 21 19 19 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20
T. Birth date of deceased (mo., day, yr. 7100. 8, 1885	and that I last saw h alive on 19 DURATION
8. AGE: Years Months Days If less than one day Months Days If less than one day	Carinam of lung 6 mm
9. Birthplace	Due to
11. Industry or business TOTAL 12. Name of the total t	Dther conditions
14. Maiden name. Allera Clloway 15. Birthplace DALLO CO, DALP Y	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Miles Grant Children Miles	Autopsy results
17. (Burish cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory 2 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur?
18. Funeral director John Market Mark	Means of Injury Injured at work? 23. SIGHATURE Elizabeth 3. Sharall May.
19. 6/30 19. 47 ana Price (Date/rec'd by registrar) Registrar	Address Cachupwille, M. D. or other Address Cachupwille, M. Date signed 6/7.7/7



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PLAI. 7. WITH UNFADING INK. Supply every item of information coully. The is especially important. Physicians: please write the causes of death clearly and legible. PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04759 Reg. Dist. No. 30

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore Cat ons ville 28 (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Baltimo	re
			City or town Oella (If outside city or town limits, write RURAL and give ne	
How long in above place of d	leath?2.y.1	s. 10 mths. 6 days	(If outside city or town limits, write RURAL and give ne	arest town)
Hospital, instilution, or stree Spring Grov	e State	Hospital	Street No	••••••••••••••••••••••••••••••••••••••
		rs. 10 mths. 6 days	2.(a) If veteran, name war.	
3. (a) FULL NAME	ilhelmia	P. Church	3. (b) Social Security	Number
4. Sex 5.	Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	4
emale	white	widowed	2D. DATE OF DEATH June 21, 19. 47.	at10±55a
6.(b) Name of husband or v	vife Wil	liam S. Church 6.60 Hattve, give age de 0995 eders	21. I CERTIFY that death occurred on the date above stated; that 1 attended dece August 15, 19.44 June 2	19.47
7. Birth dale ot deceased (mo., day, yr.)	Sept en	ber 26, 1883		
8. AGE: Years	Months	Days I if less than one day	Immediate cause of death chronic cardio-vascrenal dis.	
63	8	25 dayshrs. min.	chronic cardio-vascrenar dis.	indef
9. Birthptace Bal	timore,	Mary la nd county, and state)	Due ta	
10. Usuat occupation	Houseaud			
11. Industry or business	home		Due to	
- od	ust Witt	kowsky	Dther conditions.	•
12. NameAug	Germany			
H 14 Maidan sama I	ouanna I	Gwald	(Include pregnancy within 3 months of death)	
14. Maiden name	German		Major findings of operations.	
			Autopsy results	
	[ospital	re00rde	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address		0	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
17. Burial, cremation, or	removal Which	Date thereot		
Cemetery or crematory	SISA	ul Lutheran	Whers did injury occur?	(State)
Losotion	1	ruman mil	Injured at home, farm, Industry, public place (where?)	
Lucation	11	A	Msans of Injury Injured at work?	
18. Funeral director	- Anna		Isaalon tunk	
Address		alerdeen my	23. SIGNATURE Isadore Tuerk, M.D.	an other
19.6-23	1947	Sarry Ib. Kyllie	TIE GLOVE STATE HOSDIT at	C_OI AT
(Date rec'd by regist	rar)	A GURLU Registrar	Address Date signed	0-6.1-4.

JUN 25 1947 BUREAU T B FOR BINDING

RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			0	***	
200	Dist	No	3	/	

1. PLACE OF DEATH: County Baltimal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Citizens Texas	State maryland County Baltimare
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1.7 44.	City of iown
Nospital, institution, or street address where death occurred:	
Baltime county dome	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Thenry Serlated	laken 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white	20. DATE DF DEATH
6.(6) Name of husband or wife. Minie Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age vears	QUT 13 1940, 10 6/13 1947
7. 81rth date of deceased (mo., day, yr.) 200. 18 18 6 9	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION STANDS
77 6 26nin.	
9. Birthplace (Town, county, and state)	Due to Osterio selevoso -
1D. Usual occupation.	Due to
11. Industry or business	
12. Name George Waken 13. Birthplace Sermany	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Catherine 15. Birthplace 9 00 00000000000000000000000000000000	Major findings of operations
15. Birthplace	Date of op.
18. informant / has Serve R Th	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 23/2 6. northan. Md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Comotory or crematory nime fathern Com	Where did injury occur? (City or town) (County) (State)
Janilla Holden Ring Road Ergen md.	(City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lassahu Funeral Home	Means of Injury Injured at work?
Address 7401 Belan Royal Mid.	01:1 05 12
Audiess / To June / Mary	23 JOHATURE VILLIAM O. OMON M. D. or other
19. (Doje rec'd by registrar)	

PLEASE WRITE PLAINLY, WIXH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 20 1947

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COPY SENT TO LUCAL MEDIOTRAM NO. WATE 6/20/47

especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

min

	1. PLACE OF DEATH: County Baltimore City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O yrs. O mos. I day Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? O yrs. O mos., I day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3.(a) FULL NAME Mrs. Belva L. Diehl	3. (b) Social Security Number None
l	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
l	Female White Widow	20. DATE DF DEATH June 10, 1947 314:19 N
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 19.47, to June 10, 19.47. and that I last saw h.eralive on June 10, 19.47.
	8. AGE: Years Months Days It less than one day 57 9 23 hrsmin.	Pulmonary Tuberculosis 6 mos.
	9. BirthplaceAllegany Co Mary land 1D. Usual occupation Housewife 11. Industry or business	Due to
l	≝ 12 Name Frank Stewart	Diher conditions Chronic Nephritis Ques-
۱	13. Birthpiace Allegany Co., Maryland	(Include pregnancy within 3 months of death)
	14. Maiden name Sarah J. Kiffer 15. Birthplace Allegany Co., Maryland	(Include pregnancy within 3 months of death) Major findings of operations
	16. Informant Sarah C. Rice, Daughter	Antopsy results
	Address R.F.D.#2, Balto.Pike, Cumberland, No. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Fairview Christian Cem.	Accident, suicide, or homicide
ı	Location Near Artemas, Pa. (Bedford Co.)	Injured at home, tarm, Industry, public place (where?)
	18. Funeral director Hafer Funeral Home	Msans of Injury Injured at work?
	Address 230 Baltimore Ave. Cumberland, Md	23. SIGNATURE D. or other
١	(Date rec'd by registrar) Registrar	Address Mount Wilson Md Date signed 6/10/47

JUN 18 1947 SUREAT V 8 2411 N. Charles St., Baltimore

04763 940

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Mul.: County Balto.
nearest town)
City or town (If outside city or town limits, write RURAL and give nearest town)
Street No. 3 W intered ave.
(If rural, give LOCATION)
2.(a) If veteran, name war
(R) O
d, or divorced MEDICAL CERTIFICATION
20. DATE OF DEATH. June 10.19.47, 21.10:05PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
may 25 1947, to James 1/ 1947
and that I last saw h. Amer. alive on
Immediate cause of death DURATION
Coronary occlusion Iday
min.
Due la Coronan arlevour about
10 agun
Due to
Dither conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
14-47 22. VIOLENCE: It death was due to external causes, fill in the following:
(day) (year) Accident, suicide, or homicide
Where did injury occur?(City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Maans of Injury Injured at work?
L'ans Louis
23. SIGNATURE M, D, or other
July M. D. or other
1, 2

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Feen newborn infants give residence of mother)
County Beltimore City or town Middle Paner	State ML. County
(If outside city or town limits, write RURAL and give nearest town)	City or iown Meddle Finer
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
magnat, manually, of stroot address miles down seems.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME mary Durry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple W. Widow	20. DATE OF DEATH June 1/47. 19 21/1.30 Q.M
6.(b) Name of husband of the Willelm F. Llier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h . Le alive on . Many 3/97 19. 42
deceased (mo., day, yr.) / UCW · 41, 1016	Immediate cause of death
8. AGE: Years Months Days If less than one day 2 4	Central hemontage 24 hrs.
9. Birthplace Germany	Oue to Arterio Selevous years
(Town, county, and state)	
10. Usual occupation	Oue to
12. Name	Other conditions
8	(Include pregnancy within 3 months of death)
14. Maiden name	Msjor fiadiugs of operatious.
E 15. Birthelace Zerran	Date of op.
16. Informaciones. Hatherine Baumgart	Autopsy results
Addres Middle Cever, Balto. 1020. M	22, VIOLENCE: If death was due to external causes, fill in the following;
17 Bureal Date thereof 6 5 4	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location 2930 trederick, ave.	Injured at home, farm, Industry, public place (where?)
Harry H. Teistike	Means of Injury Injured at work?
18. Funeral director	7 1 1 1 10
Address 4/0/ Coldmondson Clu	23. SIONATURE / Marinas / Ol megley MA
19. June 4 19 47 A. W. Hellick Registrar Registrar	Address 8, V Easters Dre Date signed (1919).

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

04765 Reg. Dist. No. 37

1. PLACE OF DEATH: County Battimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Ballemore
How long in above place of death? 16 day	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 300 Maider Choice fane
Baltimore County Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Caseph Eckstein	3. (b) Social Security Number 920-20-0067
4. Sex 5. Colo of race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
male white	20. DATE DF DEATH. 6/18 1947, al 8P. M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
	June 3 1947 10 6/18 1947
7. Birth date of	and the Wast saw h Commalive on 6/18 19.47.
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary / wondows 2day-
7/ 10 /Dhrsmin.	
mande	Classica dan di Tia
9. Birthplace Maryland (Town, county, and atate)	Due to.
10. Usual occupation Engineer	
10. Usual occupation.	Due to Orters ochross
11. Industry or business	
12. Name Genstein	Other conditions
13. Birthplace themany	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Steiner 15. Birthplace Maryland	Major fiodiogs of operationa
15. Birthplace Mary land	
2 113. Britispiace	Date of op.
16. Interment Baltiman Country Home Register	Actorsy results.
Address Telas -md.	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
2. It O. W. Co.	Where did injury occur?
	(City or town) (County) (State)
Location Texas md.	Injured at home, farm, industry, public place (where?)
I I I m Backer	Means of Injury Injured at work?
18. runeral director	01:1 9 18
Address Sparks · Md ·	Modern Co. Quante
I A A A A A A A A A A A A A A A A A A A	23. SIGNATURE M. D. or other
19. June 19 1947 Way Salutos Davista	14than Cochey eville Med note stoned 6/18/47



CERTIFICATE OF DEATH

13.6 BC

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore County. City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? 1 yr., 11 mos., 11 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. 806 N. Calvert Street (If rural, give LOCATION) 2.(a) It veleran, name war. 3.(b) Social Security Number
Mrs. Mildred Edson	# Unknown
Female S. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH JUNE 23, 1947 10:40
6.(b) Name of husband or wife Richard Edson 6.(c) It alive, give age 33 years T. Birth date of Communication (Communication)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12, 19.45, to June 23, 19.47 20d that I last saw h. er. alive on June 23, 19.47
deceased (mo., day, yr.) September 26, 1915	Pulmonary Tuberculosis 10 yrs.
9. 8irihpiace	Due to. Tubercle Bacilli
Thomas Angelo 12. Name. Thomas Angelo 13. 8irthplace Pocomoke City, Maryland	Diher conditions Tuberculous Laryngitis 3 mos. (Include pregnancy within 3 months of death)
14. Malden nameTrifiniaWhite	(Include pregnancy within 3 months of death) Major findings of operations. No operation Date of op.
16. Informant Mrs. Mildred Edson Address 806 N. Calvert St., Balto., Md.	Aotopsy results
11. Burial Date thereof June 26, 1947 (Burial, cremation, or removal, Which?)	VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemelery or cremalory Friendship Cemetery Localion Anne Arundel Co., Maryland William J. Tickner & Son	Whers did injury occur?
T 23 17 (cal / ///a/x/a	. It - + 1 Maller mis

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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04767

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: 203 Beaumont Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or fown	City or town
Hospital, Institution, or street address where death occurred:	Street No. 203 Beaumont Ave (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME ELIZABETH H. EISENHAI	RDT 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DE DEATH CMM 14 19 47 at 1.50 P. M
6.(b) Hame of husband or wife William J. Fisenhardt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 21, 1866	and that I last saw h. A. allye on
8. AGE: Years Months Days If less than one day 23	Immediate cause of death LINAMY TIMES MANUAL DURATION 13 MA.
9. BirthplaceBaltimore, Maryland (Town, county, and state)	Due to generaliza anteriosations
1D. Usual occupation	Due fo
11. industry or business	
E 12. Name John M. Hartel	Other conditions
₹ 13. Birthplace Alcace Lorraine	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Wander	Major findings of operations.
14. Malden name Elizabeth Wander 15. Birthplace Alcace Lorraine	Date of op.
16, Informant Mr. R. Holmes Lewis	Aptopsy results.
and the determination	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 203 Beaumont Ave, Catorisville. 17. Burial (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Holy Redeemer Cemetery	Where did injury occur?
Location Baltimore, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director H. H. Wears and Son	Meens of Injury Injured af work?
Address 805 U. Calvert Street.	23. SIGNATURE John 3. Rous M. D
19. 10—16 (Date rec'd by registrar) 1947 Agrand Mulli	Address 2D. F. Mesten At Balt M. Daie signed MM 161.194).

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MARYLAND STATE DEPARTMENT OF HEALTH

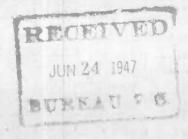
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.,

1. PLACE OF DEA		1 t. imo	re	2. USUAL RESIDENCE (HOME) OF I	DECEASED:	14.
City or town(If o	verlea utside city or town lin of death? street address where	Maryl nits, write i 22 y leath occurred	and URAL and give nearest town) ears	State	Maryland write RURAL and give nearest ern Parkway ocation)	town)
3. (a) FULL NAMI					3. (b) Social Security Num	nber
J. (a) 1022	Louisa	Fein	hanka		01(0) 000000	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
female	white		widowed	2D. DATE DF DEATH. June 19t1	n 19 47 at	B:30 A
6.(b) Name of husband T. Birth date of deceased (mo., day, y		6.(Fairbanks c) It alive, give ageyears 3rd, 1852	21. I CERTIFY that death occurred on the date above	75, to 7,000 19	19. 4.
8. AGE: Years	Months	Days 26	If less than one dayhrsmin.	Immediaic cause of death	Marari.	Ly Comment
10. Usual occupation 11. Industry or busines 12. Name	at ho	ollen	Maryland state) berg	Due to		
E 15. Birthplace	May Diete	r		(Include pregnancy within 3 mo		
16. Informant	Mr. Er		W. Fairbanks rn Parkway	Antopsy results	h death should he charged stati	istically.
17buri	al , or removal. Which?)	Date the	6/21/47 (month) (day) (year)	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or cremato	Lor	raine	Park	Where did Injury occur?(City or town)	(County) (S	tate)
Location	5608	3 Dog	wood Road	Injured at home, tarm, Industry, public place (when	re?)	
		Rm F	uneral 7 your	Msans of Injury	Injured at work?	
Address			r Road	23. SIGNATURE Che Dhalu	w m. D. or of	*h.a.
19. Mate rec'd by re	20 19 47	1. mo	a. L. Reysneyer	Address 1/16 Northern Code	M. D. or of	7 /



E OF DEATH	Reg. Diat. No	41
2. USUAL RESIDENCE (HOME	ce of mother)	
State maryland	County Balterias	**********
City or town Dun dalk (If outside city or town	limits, write RURAL and give near	est town)
Street No. 259 Revela	give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security N	umber
alkenhen	2 13-07-03	322
_MEDICAL	CERTIFICATION	ه دا
20, DATE DE DEATH JUNE	6 19.47,	at 11-9 M
21. FERHFY that death occurred on the da		ed from
VAN.	no 45 to VVIV	2 19/9/4
and that I last saw h Mailive on	Jun J	19
Ammediate cause of death	./	OURATION
entral ac	udul	24 hrs
01-5-C-V Di	Slace	10 4Rs
Due to		
Other conditions		***************************************
(Include pregnancy with	in 3 months of death)	
Major findings of operations		
	Date of op	
Antopsy results	to which death should be charged s	tatisticatly
22. VIOLENCE: If death was due to extern	al causes, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or to	own) (County)	(State)
injured at home, farm, Industry, public place	ce (where?)	
Means of injury	injured at work?	
ME	savi?	ns
23. SIGNATURE.	WY he / M.D. of	other

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JUN 14 1947

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MARYLAND STATE DEPARTMENT OF HEALTH	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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CERTI	IFIC	AIL	Ur	DEA	

	Mag. Diet. 140
1. PLACE OF DEATH: County Seach (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 253 (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
John FLEMING FLOYD.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 77 1947 at 3 30 P. N
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of 1 - 10 3/	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
10 5 26min.	Mouring
9. Birthplace (Town, county, and state)	Due Io.
1D. Usual occupation.	Due Io
11. industry or business	
12. Name History - Academic 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name thorons Inchals 15. Birthplace Laure miles	Major findings of operations
16. Interment Taxo John 24. List	Autopsy results
Address 2534 Venna like	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal. Which?) Date thereof panonth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory	Where did injury occur? TERE (O COUNTY) (County) (State)
Location July 2000	Injured at home, farm, Industry, public playe (where?)
18. Funeral director AM Julian & Some	meens or minut
Address Bollo Book	23 SIGNATURE DODO DO DO AUTO ON 2
19. 6-27-47.19 John & Conselly	My Myles Claume Disposition Co



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

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CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Land Syman Sugar	(For newborn Infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County		
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
1412 Reinterstown Rd.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	4,4		
5. (a) FULL NAME Ella Davis A	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
H. It Wilowed	20 DATE OF DEATH YULL 4 1047 18/NPM		
d: +1 0 210	20. DATE OF DEATH		
6.(b) Name of husband or wife	21. J CERTIFY that death occurred on the date above stated; that attended deceased from		
7. Birth date of	10 dr Ch 3 1947, 10 Julie of 1947		
7. Birth date of deceased (mo., day, yr.) Oct. 25. 1873	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
73 7 10nrsmin.	JAN break will		
8. Birtholace Baltimero Co. Mod.	Lue to Al 4 9 1		
8. Birthplace. (Town, county, and state)	fogue all ty Me Will		
10. Usual occupation The Salary	Gio to The street and Chell 14001		
11, Industry or business			
I 12. Name Statish Dania	Other conditions		
13. Birthplace	Nove.		
14. Malden name Marchael Time	(Include pregnancy within 8 months of death)		
14. Maiden name	Major findings of operations.		
E 15. Birthplace	Date of op.		
16. Informant Mangaret Aliel Harming	Autopsy results		
Address / 4/2 Reigherstown CRd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
B 1/1 //2/47	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Quie thereof	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
B 14. 0 m. 1.			
Location Land Land Land Land Land Land Land Lan	Injured at home, farm, Industry, public place (where?)		
18. Funeral director MARTIN FAHEY & SONS	Means of injury Injured at work?		
Address 1827 W. NORTH AVE.	10 Collet Phala With		
1 12 00 59 Miles	23. SIGNATURE M. D. op-other		
(Date rec'd by registrar)	Address Welserll Ma Date signed 6/6/47		

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JUN 7 1947

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Evidence for the change of residence shown MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 2111 8/4/47 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give negrest town How long in above place of death?.. Hospilal, institution, or street address where death occurred: (If rupal, give LOCATION) How long th hospitat or Institution?.. 2.(g) | 1 veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 4. Sex 21 GERTIFY that death occurred on the date above stated: that attended 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: RESERVED (Town, county, and state) 1D. Usual occupation ... 11. Industry or business (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthptace 14. Maiden name Major findings of operations...... PHYSICIAN: Please underline the cause to which death should be charged statistically PLAINLY Address 22. VIOLENCE: It death was due to external causes, till in the following: Date thereof... Accident, sutcide, or homicide..... Cristia Where did Injury occur? (City or town) (County) WRITI Injured at home, farm, industry, public place (where?) SE M. D. or other Registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	U	2666	/
Reg. Dist.	No.	27)

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) (For newborn Infants give residence	OF DECEASED: of mother)	
City or town(If our	Sal timor	3. imits, write R	URAL and give nearest town)	State Maryland City or town Baltim		
Hospital, Institution, or s	treet address where	death occurred	ie Avenue	Street No. Harford Roa		
How long in hospital or 1	nstitution?			2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME	Ве	rnhar	rd A. Franke		3. (b) Social Security	y Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white		married	20. DATE OF DEATH	June 24th, 47	1-259
8.(b) Name of husband o	r wife	die Br	rewster Franke	21. I CERTIFY that death occurred on the date May 22-	1947 to June 2	4 19.47
7. Sirth date of		5.(r) If alive, give ageyears	and that I tast saw h	June 23	19. 7.2
deceased (mo., day, yr.	Dec	. 7,]	L86'/	Immediate cause of death		NOITARUD
8. AGE: Years 79	Months 6	17	hrsmin.	Pulmonary &	mbolus	1day
9. Birthplace	Rat	ny county, and ired	state)	Due to. Chronic My or Due to.		буй
11. Industry or business	Edward	Franke	9	Other conditions Carleria	Sclerosis	10 yrs
13. Birthplace		German				0
	?			(Include pregnancy within		
14. Malden name	?			Major findings of operations		
16. Informant			Franke	Autopsy results		•••••
Runia	1		& Erie Ave. 6/27/47 (month) (day) (year)	22. VIOLENCE: tf death was due to external Accident, suicide, or homicide		
17. (Burial, cremation,		Donles		Where did injury occur?(City or tow		
Location			imore	Injured at home, farm, Industry, public place	(where?)	
18. Funeral director	Leona	rd J.	Ruck	Meens of injury	tnjured at work?	1
Address			rd Road	23. SIGNATURE & GUL	2 Hall mx	1.
19. June 2	(19.4	7. 4	P. W. Jednas Registrar	Address 16318 Non	the Cive Date signe	o, or other d 425/47

2411 N. Charles St., Baltimore

Reg. Diat. No.

37

TE OF DEATH

			CERTIFICAT
1. PLACE OF DEA	Balt	imore sville	URAL and give nearest town)
How long in above place of Hospital, institution, or Stone Quar	street address where d	leath occurred Dam R	oad
How long in hospital or			
3. (a) FULL NAME	Clar	ence	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced
Male	White	Sin	gle
5.(b) Name of husband of 7. Birth date of deceased (mo., day, yr	, January 5	6.(6	
8. AGE: Years	Months	Days 29	It less than one day
			hrs. min.
9. BirthplaceSu	Farm	Hand	state)
11. Industry or business			
12. Name	Worley Fry Virgin	ia	
置 14. Maiden name	Tinnie M	iae Hus	shour
HI 14. Maiden name		irgini	ia
16. Informant. WC	rley Frye		
	ium, Maryl	and	***************************************
Burial	or removal. Which?)		eof June 7, 1947 (month) (day) (year)
Cemetery or cremator	Desamo	t Hill	L Cemetery
1	,		son, Maryland
Location	John B.	ırns	Sons
Address	To	wson, l	Maryland

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)							
	State Maryland County Baltimore							
	City or town	est town)						
İ	Street No. York Road (If rural, give LOCATION)							
	2.(a) If veteran, name war. None							
	3. (b) Social Security N 212-26-8527	umber						
	MEDICAL CERTIFICATION							
	20. DATE DF DEATH June 4 1847	at 10- F.						
	21. I CERTIFY that death occurred on the date above stated: that I attended decear							
	Immediate cause of death During Decidental Carpel	6/4/47						
	Due to	•••••						
l	Due to.							
	DUC 10.	***************************************						
	Dther conditions	***************************************						
	(Include pregnancy within 3 months of death)							
	Major findings of operations.							

PHYSICIAN: Please underline the cause to which death should he charged statistically.

Meens of injury

Supply every item of information carefully. The ease write the causes of death clearly and legibly

WRITE PLAI

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Registrar

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	CERTIFICAT	E OF DEAT	п	Reg. Dist. No	000000000000000000000000000000000000000
1. PLACE OF DEATH:	Q O ace	2. USUAL RESIDEN		F DECEASED: mother)	
(If outside city or town limits, write RURA	L and give nearest town)				
How long to above place of death?	muchite	City or town(If outsi	ide city or town limits	s, write RURAL and give near	est town)
Hospital, institution, or street address where death occurred:	RP	Street No. 7. 3. 4.0	O Mana (If rural, give	hester Ko	<i>I</i>
How long in hospital or institution?		2.(a) If veteran, name war	***************************************		***************************************
3.(a) FULL NAME Christi	an J. C	armar	1	3. (b) Social Security N	umber
4. Sex 5. Color or race 6.(a) Single, ma	rried, widowed, or divorced		MEDICAL CI	ERTIFICATION	
	arried	20. DATE OF DEATH	JUNE	20 1947	at 1 15P M
6.(b) Name of husband or wife		21. I CERTIFY that death o	occurred on the date abo	ove stated; that I attended decease 46, to SUNE 20	
7. Birth date of deceased (mo., day, yr.) Csul 8 -/	864	and that I last saw h. Ma		7	DURATION DURATION
0. AGE.	t less than one dayhrsmin.	Immediate cause of death	DIAC F	AILURE	IWK
9. Birthpiace)		O NA SCON	07/0	
11. Industry or business		Due to			
12. Name		Other conditions			***************************************
14. Maiden name Un Kown 15. Birthplace				moutha of death)	
E 15. Birthplace		Major findings of operati			
16. Informant Mrs. Casil Pas	Clard	Autopsy results		Date of op.	***********
Address 252/ Floor	8	22. VIOLENCE: If death		hich death shauld he charged s uses, fill in the following:	ausucauy.
(Burial, cremation, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homi-	clde	Date of	************
Cemetery or crematory	What '	Where did injury occur? .	(City or town)	(County)	(State)
Location 3 Doune II) X	Injured at home, farm, ind	lustry, public ptace (w	here?)	
18. Funeral director.	la du	Means of Injury	1 1 1 2	tnjured at work?	/) .
Address 403 St Sol	Judy.	23. SIGNATURE S	efter (!	Mac Kanal	c m d.
19. (Date ree'd by registrar)	C Hedlack Registrar	Address 6714 /	Holahid	/	6/20/47

a Service

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04775

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF D	EATH: Baltim	ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	Catons	ville mits, write H	URAL and give nearest town)	State Maryland County			
Hospital, institution, Spring	or street address where	e Hosp	months, 14 days ital 5 months, 14 days	City or town			
3. (a) FULL NA	ME Michael	Glase	r	3. (b) Social Security	y Number		
4. Sex male	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH	, at 3.4 QQ p M		
6.(b) Name of husba	and or wite	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended de January 3 19.35 10. June 17 and that I last saw h. im. alive on June 17	ceased from		
8. AGE: Ye	y, yr.) 1896 pars Months	Days	It less than one day	Immediate cause of death	indefinite		
11. Industry or bush	Machir	ist	Ohio state)	Due to. Chronic cardiovascular-renal Due to.	11		
12. Name 13. Birthplace 14. Maiden nan 15. Birthplace	?		ler	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Dale of op			
Address	Catons	ville-	28, Maryland eet. 7-15-47 (month) (day) (year)	Autopsy results	ed statistically.		
Cemetery or crem Location	stonsville 2 Spring Gr Spring Gr	Grove 8. Md.	State Hospital	Where did Injury occur?	(State)		
	Catonsville		Tyland July Willy Sulpully Registrar	23. SIGNATURE Isadore Tuerk, M.D. M. I Address Catonsville-28, Md. Date signe			

JUL 19 1947
BURBAU V B

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

		CERTIFICA	Reg. Diat. No	****
1. PLACE OF DEATH: County Baltimore	2		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
How long in above place of death? Hospital, institution, or street ad	99 days dress where death occu ard, Maryla	rred: nd	State Naryland County. City or town Bltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 4425 Mannasota Ave. (If rural, give LOCATION) World War I 2.(a) tf veteran, name war.	
3. (a) FULL NAME	ILLIAM G. G	RAUER	3. (b) Social Security Number	
1,004		ngle, married, widowed, or divorced arried	MEDICAL CERTIFICATION 20. DATE DF DEATH June 25, 19 47, 21	
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.)	Helen Emma 5/9/98	Grauer 6.(c) If alive, give age 48 yes	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	47
	onths Days	It less than one day	Cirrhosis of liver; hepatic failure 2 Yrs	
1D. Usual occupation	ore, Maryla (Town, county, a employed ze Grauer	nd nd state)	Due to Due to Other conditions Slight peritonitis; paralytic	
Hary 13. Birthplace Balt 14. Malden name Balt 15. Birthplace	inore, Mary y Sundergil timore, Mar	land l yland	endocarditis of mitrel ve ve with slight insufficiency-Duration-Unknown Major findings of operations. Date of op.	
	oward, Lary	hereof (month) (day) (year)	Autopsy results. Substantiated above. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory	Jeru	Bald ,	Where did Injury occur?	
1B. Funeral director	50140	Cyck Rd.	Means of Injury Injured at work? Paul Palost	
19. Jense 26.	19.47	la. W. Hedre	PAUL PADGET, M.D. ACT. CM. PAOT other R. Address. V.A.H. FORT, HOLARD, LD. Date signed. 6-25-	-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No	***************************************

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Halethorpe	State Md County Baltimore
City of town	TY 7 - 43
New long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 4308 Spencer Ave.
4308 Spencer Ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widow	20. DATE OF DEATH Sure 20. 1847, 11/2430 M
6.(b) Name of husband or wife	21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from 8-30-40. 19
7. Birth date of deceased (mo., day, yr.)	and that I tast saw h. enc. alivo oo 6-20-47
8. AGE: Years Months Days If less than one day	Immediate cause of death
75hrsmin.	Filest mullicizure ?.
9. Sirthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Pensioner	Due to Hypersterner Smal Slassage
11. Industry or business	
12. Name Unknown	Dither conditions
M	(Include pregnancy within 8 months of death)
E 14. Malden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Mrs. Katie Givens	Autopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address 4308 Spencer Ave.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof 6-25-47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltimore National Cem	Where did injury occur?
Location Baltimore, Md.	Injured at home, farm, lodustry, public place (where?)
18. Funeral directorMrsFrancesAHemsley	Means of Injury tnjured at work?
Address 578 W. Biddle St.	23. SIGNATURE 6 T. Malone.
19. June 24-19 47 G 27- Jakers (Poste rec'd by registrar) Registrar	Address slowerelle M. D. or other, M. D. or other, Date signed 4/20/47

PLEASE WRITE PLA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46 &

CERTIFICATE OF DEATH

BC	04	7	7	8
Reg. Diat. N				

1. PLACE OF DI	EATH: Balti	more	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County		
	tonsville	imits, write RURAL and give nearest town)			
		ince. May. 14,1947	Paltimore, Warviand.		
How long in above place Hospital, institution, of	or street addiess where	death occurred:	street No. 15 E. Franklin Street.		
		4	(If rural, give LOCATION)		
		5/14/47 - 6/10/47	2.(a) If veteran, name war		
3. (a) FULL NAM			3. (b) Social Security Number		
	ROLAND	GUEST			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Single	20. DATE OF DEATH. June 10, 1947 19 21 5:00 Am		
			21. I CENTIFY that death occurred on the date above stated: that i attended deceased from		
6.(b) Name of husban	d or wife		sure 3 19th 10 Bue 10 19		
7. Birth date of			and that I last saw h. alive on Aug 9		
deceased (mo., day,	yr.) Unku	own	Immediate/cause of death DURATION		
8. AGE: Yea	rs Months	Days If less than one day	Lar Den orna o/ flowersh 6 ma		
63	L	hrs min			
9. Birthplace	Paltimor (Town,	. my.	Due to.		
1D. Usual occupation	Chemist		Que in		
11. Industry or busine	ss Industri	al Chemist			
当 12. Name	Richard Gue	st	Dther conditions		
12. NameF	Week.				
		known.)	(Include pregnancy within 8 months of death)		
14. Malden name		known J	Major findings of operations.		
	Unk				
16. Informant	rs.J.M.Opit	Z	Actopsy results		
Address Cato	onsville, Md		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
11. Bus		6/12/117	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, crematio	on, or removal. Which?	Date thereof month (My) (fear)	Accident, suicide, or homicide		
Cemetery or crama	tor Lega	fermal of C	Where did injury occur?		
Location Cle	(as /2	Lets Co	Injured at home, farm, Industry, public place (where?)		
/.	F	& Mac Hab	Attens of injury injured at work?		
1B. Funeral director		2 - 000 001	2 4 8 (2//		
Address	aford	were ying	23 SIGNATURE OF CHELL / TOWER		
100	1247	Slarry It Hellie	M. D. or other		
Date rec'd by r	egistrar)	Ollanda Registra	Address Clone Dicele Date signed		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore | 3 5-

CERTIFICATE OF DEATH

			4	0
Reg.	Diat.	No.		

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Sister Mary Nivarda Haber 4. Sex S. Color or race B. (a) Single, married, widowed, or divorced Formale While Single	MEDICAL CERTIFICATION 20. DATE OF DEATH June 11 19 42 at 1.21 35 Pm
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3.1 19.4.7 10.9 Const. 11.4.7 11.
8. AGE: Years Months Days If less than one day 5-4 3 8	Pulmon any Tubesentonia 17 year.
9. Birthplace New York City 10. Usual occupation. Tealer 11. Industry or business 12. Name Walfgang Hakes Lash 13. Birthplace Germany 14. Malden name Mangaret Anny del 15. Birthplace Germany 16. Informant 97. Mary Clara Address Notels Cliff Mag	Other conditions
Address No fell Date increase (Burial, cremation, or reproval, Which?) Cemetery or crematory Location 18. Funeral director Address 19. Opate ree'd by registrar (Date ree'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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WITH UNFADING INK. Supply every item of information c important. Physicians: please write the causes of death clearly

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 131

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CEDTIFICATE OF DEATH

			CERTIFICAT	LE OF DEATH	Reg. Diat. No	0
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	DECEASED:	
7				Marriand		
City or town(If	outside city or town	V1110	RURAL and give nearest town)	City or town KW80CCSIED COM	MA Baltimor	
How tong in above plac	e of death? 4 mon	ths 9	days	(If outside city or town limits	, write RURAL and give near	eat town)
Rospital, Institution, o	Grove Sta	te Hos	o: p ital	Straet No. 608 Venable Aven	เนอ	
			9 days	(If rurat, give	LOCATION)	/
3. (a) FULL NAM			· · · · · · · · · · · · · · · · · · ·	2.(w) II faterall, llama wal	3. (b) Social Security N	11
J. (a) POLL HAM		encer	D. Hall		S. (b) Social Security I	umber
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorcad	MEDICAL CE	RTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH June 1st, 1	947 19	10:15 A
7. Birth date of			Broadwater Hall	21. I CERTIFY that death occurred on the date about January 23, 1947 19 eed that I last aaw ham alive on Jun	10 June 1st	1947
	yr.) Decembe	r 19.	1870	Immediata causa of death		
o. Adz.		12	hrsmin.	Cerebrel hemorrhage	•••••••	36 hou
	6 5					
			atate) Bay Boat	Due 1a Chronic hypertens sclerotic C-V-R diseas	ia	Indef
11. Industry or busine	ss Wa	terman				***************************************
E	Thomas S.	Hall		Dither conditions Old prostate		omy "
	Virgin18	(AC	ecommac Co.)	(Include pregnancy within 3 n	nonths of death)	
Eliz 14. Maiden name W 15. Birthpiace	Jane Du	ncan		Major findings of operations		**********
15. Birthpiace	Virginia				Date of op	
	Hbspital	,	Y.d.	Autopsy results		
			reef. 6/4/47. (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
			lethodist Cem.	Where did injury occur?(City or town)	(County)	(State)
			City, Md.	Injured af homa, farm, Industry, public place (wh		
			& SONS	Meana of tnjury	tnjured at work?	1.0.
Addresa	Baltimor			Henry	Hell son	1 84 A
1.1-) egistrar) 19 (4)	- 0	LU Hedrind	23. SIGNATUR Henry C. A. Address Catonsville 28.	M ead, M.M. D.	r/other 6/1/47

WITH UNFADING INK. Supply every item of information comportant. Physicians: please write the causes of death cleaby.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

20	0	47	8	1	
00				30	

1. PLACE OF DEA	TH: Balt:	imore		2. USUAL RESIDENCE (HOME) 0 . (For newborn infants give residence of	F DECEASED:	
City or town(If or How long in above place Hospital, institution, or	ot death?5. ye street address where	ars. 4 death occurred	URAL and give nearest town) months27day.s	State Maryland Country or town Baltimore (If outside city or town limits Street No. 354 North Country of the Co	s, write RURAL and give nea	
			months, 27 days	2.(a) if veteran, name war		V
3. (a) FULL NAME	George	J. Har	milton		3. (b) Social Security	Number
4. Sex male	5. Color or race white		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION 19.47	_at 8.220a. N
			bara Booker years	21. I CERTIFY that death occurred on the date about 15 and that I last saw h. im. alive on J.	42 to June 4 une 4	19.47
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		DURATION 20 hours
9. Birthplace 10. Usual occupation 11. Industry or business	Unemplo	re, Maj county, and a yed	cyland	Due toArteriosclerosis,	generalized	years
12. Name	George Baltimo		onryland	Other conditions		•••••
14. Maiden name 15. Birthplace	Bridget Irelend	Hawki	0.8	(Include pregnancy within 31		
16. Intermant			rds Maryland	"Autapsy results		
	ial	Date there	(month) (day) (year)	22. VIOLENCE: if death was due to external cat Accident, suicide, or homicide	Date of	
Location	3-	OUT OF SECTION ASSESSMENT	nd. ook Inc.	injured at home, farm, Industry, public place (w Means of injury		
Address	12/7		Paul of .	23. SIGNATURE Isadore Tuerk	, M, D,	or other
19	19		Registrer	Catonsville -28		

PHYSICIANS should state MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Statement of OCCUPAact stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLA

V. S. No.

N. B.

(Address)

20. FILED ...

	04782	P
STATE OF MARYLAND—	CERTIFICATE OF DEATH	9
1. PLACE OF DEATH	53	
County Jalumore	Registration Dist. No.	
Village or City Sodfers force		Vard
Length of residence in city or town where death occurred O yrs O mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Gran Donatonni	Gample . D.	
(a) Residence: No. 62 Dunkirk Rd.	st, Ward. Casadena (ali)	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	_
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Whele Maring the yord)	(Month) (Day) (Year	7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HEREBY CERTIFY, That I athended deceased	from
CHADLE OU HOWS	10 June , 19 47, to 14 June , 19 0	47
6. DATE OF BIRTH (month, day, and year) March 30/19/3	I last saw h Jan alive on 13 feens, 19 47 death is	sald
7. AGE Years Months Days If LESS than dayhrs.	to have occurred on the date stated above, at	
034 2 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, C. P. Q.	Metaslatice Melanoma of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Mula pour of search 11th	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation		
1200 Length 10	Other Contributory Causes of importance: Welganoma in a self fermal	
12. BIRTHPLACE (city or town) (State or country)	lumbleate Hanks 194	6
I 13. NAME C. Donovan Hans	The parties of the state of the	
14. BIRTHPLACE (city or town) / 3 CLELL MODELS	Name of operation Exercise of frank part Date of 1946	
(State of Country)	What test confirmed diagnosis? fatherlite sleete. Was there an autopsy?	Ka
15. MAIDEN NAME Mangaressee Skryock	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mangareus & Brujock 16. BIRTHPLACE (city or town) Talliman (State or country)	Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT M. C. D. Haus- (Fusher)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Dress Resign Date Walf 17, 1947	Nature of Injury	
19. UNDERTAKER SUUDA MONEN Company	A. Was disease or injury in any way related to occupation of deceased? Ho	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

of so, specify

(Signed)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PL

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

5464

CERTIFICATE OF DEATH

2/5		
		YX
	Reg Dist No	7-/

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
Fort. Howard	Stale, Maryland county			
(If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 37 days	City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: Veterans Administration Hosp., Fort Howard,	Street No. 15 Greenwood Road			
How long in hospital or Institution? 37 days	(If rural, give LOCATION) 2.(a) If veteran, name war World War I			
3. (a) FULL NAME	2.(a) (t receign, name will			
	3. (b) Social Security Number			
HENDRICKS, Aaron B. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	705-07-1497			
	MEDICAL CERTIFICATION			
Male White Widowed	20. DATE OF DEATH. June 29, 19 47 21 10:50			
8.(b) Name of husband or wife deceased	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
S (c) If allva wive area week	May 23, 19 47 to June 29, 19 4			
7. Birth date of deceased (mo., day, yr.) July 7, 1881	and that I last saw h im alive on June 29,			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
65 11 22hrsmin	CARCINOMA OF STOMACH WITH			
	GENERALIZED METASTASES Unknow			
9. Birthplace Chili, Ind. (Town, county, and state)	. Due to			
linemployed				
10. USUAI OCCUPATION.	Oue fo			
11. Industry or business	None			
E 12. Name Michael Hendricks	Other conditions None			
13. Birthplace Cumberland, Md.	(Include pregnancy within 8 months of death)			
14. Maiden name Elizabeth Clemens 15. Birthplace Indiana	Major findings of operations			
§ 15. Birthplace Indiana	- Oate of op.			
16. Informant Clinical Records, Vets. Adm.	Autopsy results. SUBSTANTIATED ABOVE			
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: tf death was due to external causes, fill in the following:			
Burial (Burial, cremation, or removal, Which?) Oate thereof (mony) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Loudon Park Cemetery	Where did Injury occur?			
Location Baltimore, Md.				
	Mann of leister			
18. Funeral directorFrank.H. Newell, Inc,				
Address , Pikesville, Md.	101 Robert M. Cillian			
2/1 42 All Kolare	23. SIGNATURE R. M. CULLISON, M.D. M.D. or other			
19				

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County . information carefully of death clearly and How long in above place of death?..... Hospitel, Institution, or street address where death occurred: How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION ADING INK. Supply every item of i BINDING 21. I CERTIFY that death occurred on the dete above etated: that I attended deceeeed from FOR 7. Birth date of deceeeed (mo., dey, yr.) 8. AGE: MARGIN RESERVED important. (Include pregnancy within 3 months of death) 14. Meidon na 15. Birthplace Major fiudiags of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY 22. VIOLENCE: If death was due to external ceusee, fill in the following: Accident, euicide, or homicide..... (Buriai, cremat Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Meene of Injury PLEASE Address SA

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JUN 9 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

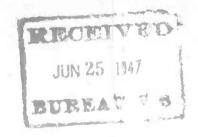
orest

MARGIN RESERVED FOR BINDING

PLEASE

04784 Rog. Dist. No. 3-3

	Kog. Dist. No	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland county Howard	
City or fown Catonsville (If outside city or town limits, write RURAL and give nearest town)		***************************************
How long in above place of death? 10 months, 16 days	City or townAnnapolisJunction	est town)
hospital, institution, or street address where death occurred:		,
Spring Grove State Hospital	Streel No. (If rural, give LOCATION)	*******************
How long in hospital or institution? 10 months, 16 days	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security N	lumber
Andrew C. Hink		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH June 23	at 5:30a
6.(b) Name of husband or wife Catherine Dunker	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
	Aumiet 7 16 June 23	19. 4
5. (c) If alive, give age unk, years 7. Birth date of	and that I last saw h. im. alive on June 23	
deceased (mo., day, yr.) June 17, 1880	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Chronic sclerotic coronary	Indef.
67 . 5	disease.	***************************************
Langdowne Maryland	Bue to Chronic arteriosclerotic	***************************************
5. Birthplace Lansdowne Maryland (Town, county, and state)	cardiovascular renal disease	Indef.
1D. Usual occupation foreman		211001
11. Industry or business B. & O. Railroad	Due to	***************************************
	Other conditions	
Henry Hink 13. Birthplace Delaware		•••••
	(Include pregnancy within 3 months of death)	7 19-7
14. Maiden name Mary Helwig 15. 8irtholace Maryland	Major findings of operations	
§ 15. 8irthplace Maryland	- Date of op.	
16. Informant Hospital Records	Autopsy results. as above.	
	PHYSICIAN: Please underline the cause to which death should be charged at	
Address Baltimore 28, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burral (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicitie, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		*********************
Cemelery or crematory.	Where did injury occur?(City or town) (County)	(State)
Location Lawell mel	Injured at home, farm, Industry, public place (where?)	
al. Ill et Allandedown	Means of Injury Injured at work?	
18. Funeral director. 1. M. Litt. Management Med.	Isadore Tuerk	
1 22 15 11 110 21 11	23. SIGNATURE Catonsville 28, Md. M. D. or	other
(Date rec'd by registrar)		6/23/17



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Dr. Grott MARYLAND STATE DEPARTMENT OF HEALTH 8100 Harford Road 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Parkville (For newborn infants give residence of mother) Maryland (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, Institution, or street address where death occurred: 8108 Harford Road 8108 Harford Road (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Charles Hofer 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION marridd male white June 25th, 47 Lenora A. Hofer 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from R.(b) Name of husband or wife 19 46 to Que 25 19 47 7. Birth date of and that I last saw h......alive on June 3rd, 1895 deceased (mo., day, yr.) Years Days If less than one day 8. AGE: 52 22 Baltimore, Md.
(Town, county, and atate) 9. Birtholace..... Elevator Constructor 10. Usual occupation. Otis Elevator Company 11. Industry or business Leo Hofer 12. Name.... Germany 13 Riribalace (Include pregnancy within 3 months of death) Marian Aspirin 14. Maiden name. Major findings of operations..... 15. Birthplace Germany

Mrs. Lenora A. Hofer 16. Informant. 8108 Harford Road, 14 Burial
(Burial, cremation, or removal, Which?) Balto. National Cemetery or crematory..... Baltimore, Md. Leonard J. Ruck 5305 Harford Road

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) (Connty)

Injured at home, farm, industry, public place (where?) Means of Injury

tniured at work?

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth	ECEASED:	
. /				State Maryland County		
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		City or town Baltimore (If outside city or town limits, wr				
Now long in above p	lace of death?		***************************************			
Hospital, Institution	or street address where	death occurred	l: 	Street No. 8503 Harford		
				(If rural, give LOC		
How long in hospit	al or institution?			2.(a) If veteran, name war		
3. (a) FULL NA					3. (b) Social Security Numbe	r
		LAWREI	NCE IRVIN			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CER	TIFICATION	
male	white		widowed	2D. BATE OF DEATH. June 13th.	19.47 at 2	:10A M
	Mai	ov C.	Irvin	21. I CERTIFY that death occurred on the date above st	tated; that t attended deceased from	
				april 22 1947	10 June 13	19.47
7. Birth date of			c) tf alive, give ageyears	and that I last saw h. u.e. alive on	e 100	19.47
deceased (mo., d		4th,		Immediate cause of death		URATION
o. non.	fears Months	Days	If less than one day	Cerebral Heunde	80	lays.
6	4 11	9	hrs,mln.			
9. Sirthplace	Balt	Lmore	Mdl state)	Due to type lave lare	Liverce 20	yeurs?
			-Sun Carrier	desca		
10. Usual occupat	ion	raec-	-Sun Carrier	Duo to	***************************************	
11. Industry or bus	elness				••••••	
12. Name	David Ir	vin		Other conditions		
13. Birthplace		?		(Include pregnancy within 3 months	Al	
Molden a	Pruc	ille	Morgan			
14. Maiden na 15. Birthplace	anc	?		Major findings of operations.		
16. informant			Sefton	Autopsy results	death should be charged statistic	ally.
Address	7301 Par	ck Dri	Lve	22. VIOLENCE: If death was due to external causes,		
, Bur	ial	Date the	6/16/47 (month) (day) (year)	Accident, suicide, or homicide		
	ation, or removal. Which?	2.0				
Cemetery or cre	matory	More	land Mem. Park			
Location			timore, Co, Md.	Injured at home, farm, industry, public place (where		
	Leonard	J. Ri	ack	Means of Injury	tnjured at work?	
	67			Po	91.	
Address	5305 H	ar lore	I ROAQ	23. SIGNATURE.	M. D. or other	
10 6-	-16	Gen	year-6	6232 Belois Re	Date signed	
(Date rec'd b	y registrar)		Registrar Registrar	Address	Date signed	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

04787

	Maria Maria	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Deutski. Jumes All	State M. County Pallo.	
City of town	City or town Oundall, Jurine	- Ala.
How lope in above place of death?		earest town)
Nospital, institution, or street address where death occurred:	Street No. 419 Thompshin Con	est
Tear 1 College way	(If rural, give LOCATION)	
Now long In hospital or jostitution?	. 2.(a) If veteran, name war	***************************************
3. (a) FULL NAME S	3. (b) Social Security	Number
chount O jo	choon	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorped	MEDICAL CERTIFICATION	1112
(Male Coloned (Frighte -	20. DATE DE DEATH STANDE 4/4/78	1 6/p
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
		19
7 Right date of	and that I last saw halive on	19
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	A A	****
5hrsmin.	Cecilental Aronomory	2,
9. Birthplace Balfringe, Md-	Due to	***
(Town, county, and state)		**** #*********************************
1D. Usual occupation. Child	Que to	
11. Industry or business	B40 (4	
# 1 / Vine (No el (100)	Other conditions	
12. Name		
13. Birthptace	(Include pregnancy within 8 months of death)	
14. Maiden name Alekua Suuth	Major fiedings of operations	
15. Birthplace on array, N.C.	Date of op	200000000000000000000000000000000000000
11.01	Aotopsy results	
16. Informant	PHYSICIAN: Please onderline the caose to which death should be charge	d statistically.
Address 419 Shorufettin Com	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereof 6/8/47	Accident, suicide, or homicid	2/4/47
(Bufial, cremation, or removal, Which?) (month) (day) (year)	7- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	E. Pord-
Cemetery or crematory	Where did injury occur? (City or town) (County)	(Statu)
Location west porty, mel	Injured at home, farm, Industry, public place (where?)	2/5
81. (().11),100.	Means of Injury Charles at work	0
18. Funeral director.	7 /	1
Address 1000 Beauthy and	Moarmo	M.D.
Edalus Walker	23. SIGNATURE	or ther
19. Registra	Address D Date signed	to before my

RIBORIVED

JUN 18 1947

BUREAU VE

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death chearly and legibly.

WRITE PLAINLY, v PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

. m 7 V			
A Town	1450.	-	1.52
	2	- 1	Year

0	1	M	0	0
0	4	1	0	0

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City of town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City nr town (If outside fity or town limits, write RURAL and give nearest town) Sireet No. 2.50 # Ayeanse Are Dundalk 22, (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
naboleon Bonapart Jeffre	ess. none
4. Sex Scolor or race 6.(a) Single, married, widowed, or attoroed Col Widow	MEDICAL CERRIFICATION 20. DATE OF DEATH. STATE OF MEDICAL CERRIFICATION 20. DATE OF DEATH. STATE OF MEDICAL CERRIFICATION
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deeped from
7. Birth date of ° deceased (mo., day, yr.) Queg 25-1899	and that I last saw h Annalive on June 5th 18
8. AGE: Years Months Days If less than one day	Carcinone of bladder Inligini
9. Birlhplace Ung inia (Town, county, and state)	Due to
10. Usual occupation. Salvus	Due to
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
15. Informatil His Mattel L. Clay	Autopsy results
Address SOM Sercamore AVA Edgonese	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, White (Burial, cremation, or removal, White (Burial, cremation, or removal, White (Burial) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory X Calvary TEM	Where did injury occur? (City or town) (County) (State)
Location A. A. Co	Injured at home, farm, Industry, public place (where?)
18. Funeral director Layner Sanders	Meens of Injury Injured at work?
Address/4/12 E. Prestore	23. SIGNATURE M. Dy or spher
19. (Datefree'd by registrar) Registrar	Address Turners Sta Mo Date signed 5/47

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04789

CERTIFICAT	TE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Lillian 7. 1	13. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single, married, wildowed, or divorced terrale White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 7. to feet 9. 19. 4. 7. and that I last saw h. 25. alive on feet 8. 19. 4. 7.
8. AGE: Years Months Days If less than one day 3 4hrshrs.	Immediate cause of death Love angel meBostatio Career buse
9. Birthplace	Due to. Due to. Due to. Smalls Smalls Smalls Smalls Smalls
11. Industry or business 12. Name	Other conditions
14. Maiden name Sul Salk 15. Birthplace	Major findings of operations
1. (1311)	Autopsy results
Cemelery or crematory Location Continuous Audion Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)	
18. Funeral director form A. Miller Address Z 33 4 offerso ff.	Massas of injury injured at work? And the Description of the Descript
19. June 18 47 a. w. Hedrich (1) the rec'd by registrar)	23. SIGNATURE M. D. or other Address 3 - 19 14 arx Pel Bate signed 6/9/47

04790

TE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give esidence	OF DECEASED:
State Maryan	County Dallingre
	100 111
(If outside city or town in	mits, write RURAL and givo nearest town)
Street No	Sive LOCATION)
2.(a) if veteran, name war.	
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE DF DEATH. TUNE	15= 1947 11/1309
21. I CEHTIFY that death pocurred on Mediate	above stated; that t attended deceased that 7
and that t last saw halive oc	DURATION
Immediate cause of death	
Coronary	Ocelusa 15 min
Due to	
Due to	
Other conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
	Date of op.
Antopsy results	which death should be charged statistically.
22. VIOLENCE: If death was due to external	causes, fill in the following:
Accident, suicide, or homicide.	
Where did isjury occur? (City or tow	m) (County) (State)
injured at home, farm, industry, public place	
Means of injury	Injured at work?
mot	ma
23. SIGNATURE	M.D. or oftier

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

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	TE OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or gown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Morjonie P. Ka	3. (b) Social Security Number
4. Sex 5. Color or race (5.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH SUITE 10, 1647, at 5, A.
8. AGE: Years Months Days If less than one day (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from 1947, to 447.69, 1947. and that I last saw h
10. Usual occupation	Other conditions
14. Maiden name danore Pallorson 15. Birthplace Harford Co Mid.	Major findings of operations
17. Burial Bate thereot. Muel 2 - 47 (Burial, cremation, or removal. Whigh?) Cemetery or crematory. Coston Succession S	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
18. Funerat director Clare To Cathury Address Forh Mud' 19 Mul (0 18.47 E. Cathur (Dute ree'd by registrar) Spry For Registrar	Means of Injury Injured at work? 23. SIGNATURE Address. TO WSO T - 4 - M Bate signed 6/10/47.

RECEIPMEN

Comment of the comment

JUN 16 1947

TREAU VE.

WRITE PLEASE

MARYLAND STATE DEPARTMENT OF	HEALT
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2411 N. Charles St., Baltimore 1860

Reg. Diat. No

DEATH

			CERTIFICA	TE OF
How long in above place Hospital, institution, or Spring	Cator Cator Cator utside city or town of death? 3	nsville limits, write 2rs, 7 death occurre te Hosp pars, 7	RURAL and give nearest town) months, 3 days	State City or tow
4. Sex male 6.(b) Name of husband of	5. Color or race white	6.(a)Sing	ie. married, widowed, or divorced widowed Mavri	2D. DATE D
7. Birth date of deceased (mo., day, yr		st 17,	(c) If alive, give ageyea 1874 If lese than one day	and that I I
1D. Usual occupation 11. Industry or business	Butch Meat	Kasps	atate)	Due to
14. Malden name 15. Birthplace	? Austr	ria	cords	Major findi
Address 17	Cator	Date ther	-28 Maryland eof. (month) (day) (year)	PHYSICIAI 22. VIOLEI Accident, su Where did li Injured at hi Means of Inj
Address	Bour		med Till.	23. SIGNAT

(For newborn infants give resi	ME) OF DEC	EASED:
State Maryland	County	Prince George
City or town	wn limits, write	RURAL and give nearest town)
Street No	***********	
(If r)	ral give LOCAT	TION)

3.	(b)	Social	Security	Number

21. I CERTIFY that death	occurred on the date above etated; ti	hat I attended deceased from
	19 to	19
	alive on	
Immediate cause of des	mmey Oco	DURATION
Due to Couch	vascular a	lises
Due to	mu of fra	··i
Other conditions	due to ?	fall
(Includ	e pregnancy within 8 months of de	ath)

MEDICAL CERTIFICATION

ase underline the cause to which death should be charged statistically.

Date signed

JUN 4 1947 BUREAU V B

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT	OF	HEALTH	8	3	a
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2411 N. Charles St., Baltimore

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Reg.	Diat.	No.						

)		. >		CERTIFICA	ALE OF DEATH Reg. Diat. No	7			
1. PLACE OF	DEATH	•			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	City of town								
Now long in above					(If outside city or town limits, write RURAL and give ne	1			
				ward, kryland	Street No. 3407 Na Caton Ave. (If rural, give LOCATION)	·····			
				i tiri dada da sa		7			
3. (a) FULL N					3. (b) Social Security	W			
		754 004	WAMTO			Mumber			
4. Sex		. KASSA		, married, widowed, or divorced	medical certification				
Male	ļ	White	Ma	rried	20. DATE OF DEATH. June 25, 1947 19				
6.(b) Name of hus	hand or wi	e Molli	e Kassa	katis	21. I CERTIFY that death occurred on the date above stated; that I attended deci				
) If alive, give age	June 24, 19 47, to June	25, 19.47			
7. Birth date of		7/28/7		, , , , , , , , , , , , , , , , , , , ,	and that I last saw needsalive on				
deceased (mo.,	Years	Months	1 Days	tf less than one day	Immediate cause of death	DURATION			
o. AGE.	68	10	27	hrs	Subarachnoid Hemorrhage	29 hrs			
				1					
9. Birlhptace	Balti	more. M	laryland	tate)	Due 10 Cerebral arteriosclerosis				
						.L.year			
		man jarah megaha	4.3.4	***************************************	Due to				
11. industry or bu ≃		mman Va	con lents	S	Changia manlamanhaitia				
	0 -	rmanna	ISSEKE LI	S		3yr.plus			
					(Include pregnancy within 3 months of death)				
14. Maiden 1 W 15. Birthplac	name Ka	therine	Houtz		Major findings of operations				
S 15. Birthplac	e Ge	rmany			Date of op				
16 Informant	Clini	cal Rec	ords. V	ets. Adm. Hosp.	Aulopsy results	******************************			
			Maryla		PHYSICIAN: Please underline the cause to which death should be charged	statistically.			
1		_			22. VIOLENCE: If death was due to external causes, fill in the following;				
17	MLQ lation, or r	emoval, Which	Date there	(month) (day) (year)	Accident, sulcide, or homicide				
Complete or or	ematory	Balto.	natio	the Cam.	Where did injury occur?	(State)			
	Location Baltamore, Mid p			7	Injured at home, farm, industry, public place (where?)				
Location			0,	00 -0-	Meens of tribury Injured at work?	- 1			
18. Funeral direc	tor	harl	es A.	() churan.	mans of tiping				
Address	351	2 Fre	dellas	P. Ade.	Kolen M Cullison				
0.	/	21 ~	12 1	NH :/	23. SIGNATURE R. M. CULLISON, M.D. Clinice	LorElfector			
19. (Pate rec'd	by registra	19		Regist	trar Address VAH Fort Howard, Md. Date signed				

MARGIN RESERVED FOR BINDING

y item of infor-WRITE PLA Y, WITH UNFADING INK—THIS IS A PERMANENT REC. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLA V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93d U4194
County Daltimore	Registration Dist. No. 38
Village or City Januson	NoSt Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
m 1 / 10	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jany C. Jelle	If U. S. Veteran, specify WAR
(a) Residence: No. 406 (Usual place of abode)	WSt./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
J OR DIVORCED (write the word)	June 12 1947
5a. If married, widowed, or divorced	(Month) (Day) (Wodr)
HUSBAND of James Allan	22. HEREBY CERTIFY, That I attended deceased from
127/10/3	1 10 1933 to Mul 17, 194 (
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 12 4 A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trade, profession, or particular	wate/as follows Date of one et
kind of work done, as SPINNER, A puse Tife	= diameter alignment business line
9. Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	Hypertensin 10 yrs
- and occupation (month and	atteriorelevorie 10 grs+
yaar) occupation	Other Coat/foutous Courses of Importance:
12. BIRTHPLACE (city or town)	Cuebral hemonlage will 1 8 yrs
13. NAME anshann Lindsan	- Lind & mg
I I I I I I I I I I I I I I I I I I I	
14. BIRTHPLACE (city or town) A reland (Stete or country)	Name of operetion Date of Was there an autopsy?
15. MAIDEN NAME annie Clarke	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) 18. (State or country)	Where did Injury occur?
17. INFORMANT Mys agnes Kelley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 406 Christranaffle	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Data 1,19	Nature of Injury.
19. UNDERTAKER Hahr Satzahen Jane	24. Was disease or injury in any way related to occupation of decembed?
(Addiess) 3 / South At A	If so, specify
20. FILED UND 12, 1977 PV A STRAY MORE TOWN	(Signed) (Signed) M. D
Myself Meco Registrar.	6/12/47 (Address)
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of or of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9-45-15M

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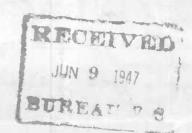
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

04795

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If claide city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME Mand B. Kenn	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married Andowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 19.4.7 19.4.7 19.4.1
6.(b) Name of husband or wife. Babert E 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Lune /2 /P93	21. I CERTIFY that don't occurred on the date above stated; that attended deceased from
8. AGE: Years Months Days If less than one day 53 // 12	Duo to Agresamen Cender 4 par
11. Industry or business 12. Name Button 13. Birthplace Winestling 14. Malden name Common Winestling 15. Industry or business Winestling 16. Malden name Winestling 17. Walden name Winestling 18. Malden name Winestling 19. Malden name Winestling name Winestling name 19. Malde	Due to
14. Malden name. Commo Wirestling 15. Birthplace 16. Informant Robert & Kennedy Address 4309 / highnien due	Major findings of operations
Date thereot (honth) (day) (year) Cemetery or crematory	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Harry H. W. Tyles Address: 4/0/ Edwardon Au	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE: M. D. or other
19. Muc 6 19 Registrar) Registrar	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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ner.	r	-	N		3	19	

CERTIFICAT	TE OF DEATH Reg. Dist. No. 37
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Balti more Jacksonville City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Paper Mill Road (If rural, give LOCATION) None 2.(a) If veleran, name war.
3. (a) FULL NAME Peter Frank Knie	3. (b) Social Security Number None
Mak 5. Color or race 6.(a) Single, married, widowed, or divorced married married	MEDICAL CERTIFICATION 20. DATE OF DEATH. JULY 2 2 1947 21 7:00 4.
6.(b) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19.38 to 10.40 2 19.47 and that I last saw h
8. AGE: Years Months Days if less than one day ### ### ### ########################	Immediate cause of death DURATION Chronic Myocordifi's
9. Birthpiace Ober (45h) - Germany (Town, county, and atate)	Due to.
10. Usual occupation farming 11. Industry or business Self	Due to
Unknown 12. Name Unknown 13. Birthplace Germany	Diher conditions Chronic Wephritis
~!	(Include pregnancy within 8 months of death)
14. Maiden name. Unknown 15. Birthplace Germany -	Major findings of operations
16. Informant Alien Identification Papers U.S. Gov't. Issued	Autopsy results
Burial Burial Bate thereof June 4, 1947 (Burlal, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Jacksonville Reformed Church Location Jacksonville Balto, Co Md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Of Many Land Address Towson, Many Land	23. SIGNATURE. 24. SIGNATURE. M. D. or other
19. 6 / 7 eno fuce (Date/reck by registrar) Registrar	Address Box 6767 Towson. Date signed June 2/4
	May loup to

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MARYLAND STATE DEPARTMENT OF HEALTH 940

2411 N. Charles St., Baltimore

CERTIFIC	CATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town (If stissee city or town limits, write RURAL and give nearest town)	
Hospital, institution or street address where death occurred: 155 B. June George Reserved	Street No	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME John tolbe	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION	
Male While Married	20. DATE DE DEATH June 29 15 21 4.	
6.(b) Name of husband or wife Cluquita	21. I CERTIFY that death occurred on he date above stated; that I attended deceased from	
7. Sirth date of	and that I last saw halive on	
deceased (mo., day, yr.) Flby 7/1884	Immediate cause of death	
8. AGE: Years Months Day Mess than one day		
03 4 20hrs.	min. Cormany Occlinen &	
9. Birthplace Jallo Mo	Due to	
Painter & Baine		
10. Usual occupation Payler Thanks	Due to	
1. Industry or business		
12. Name John M. Mare.	Dther conditions.	
	(Include pregnancy within 3 months of death)	
14. Maiden name Share Grant Co. 15. Birthplace	Major findings of operations.	
E 15. Birtholace a factor all Co.	Date of op.	
NO 2- 2 K 1/ho	Autopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address // / / / / / / / / / / / / / / / / /	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Whigh?) Date thereof (month) (day) (year	4-1	
Oskland Com	Where did Injury occur?	
Cemetery or crematory		
Location	Injured at home, farm, Industry, public place (where?) Means of injury injured at work?	
18. Funeral direction of Cy 9. M. Water	Means of injury injured at work?	
Address Pratt , Otreke sto	1 Mmlon M. S.	
ali di di di	M. D. or other	
19. (Date rec'd by registrar)	wistrar Address Date signed 1 G	

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

930

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CERTIFICATE OF DEATH

13C Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Reg newborn infants give residence of mother)
1 - 10	had
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2 12 years .	(If outside city or town limits, write RURAL and give nearest town)
Hoppital, institution, or street address where death/occurred:	1/21 / 2000 - 1 / 1
Daughten of Euchasist.	Street No.
How long in hospital or institution? 212 yrs-	2.(a) If veteran, name war.
3. (a) FULL NAME mary 2. Nolscher	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenule white Widow	20. DATE OF DEATH Sure 4 1947 at 3P, M
Stary 18 Markon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	
T. Birth date of Section 11-18-70	
T. Birth date of deceased (mo., day, yr.)	and fhat I last saw halive on
8. AGE: Years Months Days If less than one day	Immediase cause of death
7/ / 12	
16 3 23hrsmln.	Coronary occusion
9. Birthplace Bulto MC	Due to.
(Town: county, and state)	
1D. Usual occupation.	Due to Cardia vascular disease
11. Industry or business	
# 12. Name John Sceits	Other conditions.
12. Name 12.	lucusos
	(Include pregnancy within 3 months of death)
14. Malden name huthroin 15. Birtholace Hermany.	Major findings of operations.
\$ 15. Birthplace Xermany.	Date of op.
ma Hosie Eleman	Antopsy results.
Address 2521 Harlen ase	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busin 6/9/113	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wytch?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
I Holy It ed le man l'en	Where did injury occur?
Cemetery or crematory	
Location December 1000	Injured at home, farm, industry, public place (where?)
18. Funeral director SW X. Beyes Jr	Means of Injury Injured at work?
1512 1140 " 01-	es to 11 daystilles.
Address 12/1 1470000 87	23. SIGNATURE Let M. Hieffer Exam, Frallo
6-747 Starry & Mille	M. D. or other
(Date rec'd by registrar)	Address Old Tach an Date signed 6 7 77

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

04800

1. PLACE OF DEATH: Dante	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Coupty	(For newborn infunts give residence of mother)		
City or town (If outside city or town limits, write KURAL and give nearest town)	State County County		
How long in above place of death?	City or town (If outside city or town limits, write BURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No.		
How long in hespital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Addis. R. Lennis	3. (b) Social Security Number		
4. Sex 5. Color prace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
II la Wadanes	1 15 UD 9140 P		
VI.	20. DATE OF DEATH.		
8.(b) Name of husband or wife. A LCCOLD	21. I CERIFY that death opeurred on the date above stated; that attended deceased from		
	Cafint 1 19 47, 10 June 25 19 7		
7. Birth dafe of 10-09	and that I last saw halive on		
8. AGE: Years / Months Days It less than one day	Immediate cause of death DURATION		
(A C)	f f f		
b d C to a company to min	Muc dellesolly replus		
9. Dirthplace 19 All from, county, and state)	Due fo		
	Lu Cersulal		
1D. Usuat occupation	Due to		
ff. Industry or busingss			
12. Name of MUNUEL THACK	Dther conditions		
\$ 13. Birthplace South, Co. M.W.	(Include pregnancy within 3 months of death)		
14. Malden name martina			
14. Maiden name Martha 15. Birthplace 13 alth, Co. In a	Major findings of operations		
Bank de mark			
16. Informant A.J. Market Mark	Autopsy results		
Address 325 Kenay anti- owson	A.		
Burial Dale thereof 6-28-194	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or amoyal. Which?) (month) (bay) (year)			
Cemetery or crematory LCUQUINT TO SUCCESSION OF THE CONTROL OF THE	Where did injury occur?		
Location lows on ma.	Injured at home, farm, todustry, public place (where?)		
Dura the a : Mc Hora	Means of Injury Injured at work?		
18. Funeral director DA 2000 M. J.	Y Y . O O O / 12 a		
Address 121 Cusy with St. Ballo, 2-111	23. SIGNATURE DIUS X. Jaceles W.		
10 June 24 10 47 a 21. Dedress	M. D. or other		
Pogistro	Bate almost the territory of the second to the		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			CLICITICAL	E OF BEATH	Reg. Dist. No
1. PLACE OF DE	Do	ltimono		2. USUAL RESIDENCE (HOME (For newborn infants give residence) OF DECEASED:
County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 months, 23 days Hospital, Institution, or street addrees where death occurred: Spring Grove State Hospital				State Maryland City or town Baltime (If outside city or town II Street No. 112 South	
How long in hospital or	r Institution? 4 m	ohths, 23	days	2.(a) It veteran, name war	
3. (a) FULL NAM		Mahlmann			3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married,	, widowed, or divorced	MEDICAL	CERTIFICATION /2-7.16
male	white	singl	Θ	20. DATE OF DEATH	ne 16 1847 11 a 1
6, (b) Name of hueband	or wite			21. I CERTIFY that death occurred on the date	e above etated; that I attended deceased from
			give ageyears		.19
7. Birth date of deceased (mo., day,)	yr.) August	30, 1878		and that I last eaw halive on	DURATION
8. AGE: Years	Months	Days Itles	s than one day	Immediate Cause III death	•
68	3 9	17	hrs mln.	1) wells /	nume
9. Birthplace	Datalelo		nd	Due to.	Gutra denal
11. Industry or busines					Remorriage
12. Name		Mah lmann		Diher conditions	Medden Wall
13. Birthplace	Germany			(Include pregnancy withi	in 3 months of death)
14. Maiden name.	Doretta.	?		Major findings of operations	Bata of an
1	Hospita	l records		Antapsy results	the which death should be charged statistically.
Address 17	or removal. Which?) ory Aule Aule Line Date thereof of the state of th	(menth) (day) (year) Lue	22. VIOLENCE: It death was due to externa Accident, suicide, or homicide	Date of Marie & F. J. Sulle Gounty) (State)	
19. (Date rec'd by re	egistrar) 19 X 7	Aso	Hedrel	23. SIGNATURE OCO Teach	/M. D. or other

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The PLEASE A15 SA

WRITE

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PLEASE

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age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124

CERTIFICATE OF DEATH

Reg. Dist. No. 4802

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				state Maryland county		
(If c	outside city or town	limits, write I	RURAL and give nearest town)	City or townBaltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, Institution, or	of death?	oz uay	S			
Vets. Adm	Hosp.	Fort Ho	ward, Maryland	Street No. 2040 W. Lanvale Street	·····/···/	
Now long in bounted or	Institution? 30	62 Days		(If rurnl, give LOCATION) WW-2	V	
3. (a) FULL NAM			***************************************		37 1	
J. (a) I OLL ITAM		AM G. M	ANNEL	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Divorced	20. DATE DF DEATH June 13, 19 47	at 11:15P N	
			d	21. I CERTIFY that death occurred on the date above stated; that I attended dec June 16, 19.46 to June 13	ceased from	
7. Birth date of			c) If alive, give ageyears	and that t last saw h im alive on June 13, 1947		
deceased (mo., day,)			If less than one day	Immediate cause nl death		
8. AGE: Years		Days		Peritonitis	3 Days	
4		15	hrs,min.			
9. BirthplaceBa	ltimore, l	Md.	state)	Due to Paracentesis	****	
1D. Usual occupation	Painter	(Unemp	loyed)		****	
11. Industry or busines				Due to		
Alb	ert Manne	1		Other conditions Cirrhosis of the liver	1 Year	
TY 12. Name P	ennsylvan	ia			plus.	
E 13. Bittiglace	Bertha	Rossa		(Include pregnancy within 3 months of death)		
14. Malden name. P 15. Birthplace 16. Informant. Cli	ennsylvan	ia		Major findings of operations	••••••••••	
≥ 15. Birthplace	CHIIDJ I VALI			Date of op.		
			ets. Adm. Hosp.	Autopsy results. Substantiated above.		
Address For	t Howard,	Md.		PHYSICIAN: Please underline the cause to which death should be charged	d statistically,	
Buri	al	Date the	eot 7-/947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Buri (Burial, cremation				Accident, suicide, or homicide	*************************	
Cemetery or crematory Baltimore National Cemetery				Where did Injury occur?	(State)	
Location	Balti	more, M	d.	Injured at home, tarm, Industry, public place (where?)		
6	Ellswor	th draw	cost	Meens of Injury Injured at work?		
			. Ave., Balto.,Md	938 Robert M (100, -		
Address	YAT MINGI.	oh mg os	. Ave., Dalto., Md		7	
10 June	6 194	7. 6	W. Hedrick	23. SIGNATURE M. CULLISON, M.D. CLIN.M.D. Address. V.A.H. FORT HOWARD, MD. Date signed	Lot other	
Date rec'd by re	gistrar)		Register	Address. Date signed	V-14-41	

2411 N. Charles St., Baltimore

-	CERTIFICATE	OF	DEATH

It less than one day

(month) (day) (year)

Registrar

Towson

Days

20

Address Eudowood Sanatorium, Towson 4

(For newborn Infants give residence	County of a Course	ty
1 171 1411 1444	1 1/000/1/2	
City or town	nits, write RURAL and give ne	arest town)
Street No. Actual Co	RA	
(If rural, g	ive LOCATION)	
2.(a) I1 veteran, name war		
	3. (b) Social Security	Number
	1212-11	28365
MEDICAL	CERTIFICATION	
20. DATE OF DEATH SUM	18	2:30 \$
21. I CERTIFY that death occurred on the data	11	
James 7		
and that I last saw harmaliva on	V	
Immediate caose of death		. DURATION
Mungeto (1	And for the same of the same o	
Musey Just	moutinent.	Mount
Due to	••••••••	1.6
***************************************		Marach
Duo to		•••
J. J.	A. f.	
Other conditions Thumburn	Lubicialasco	**
Ouget March 1944 (Include pregnancy within	-6	
Major findings of operations		
***************************************		*****************
Actopsy results	which death should be charged	statistically.
22. VIOLENCE: If death was due to external		
Accident, suicide, or homicide		
Where did injury occur?(City or town	n) (County)	(State)
Injured at home, farm, Industry, public place	(where?)	
Meens of Injury	Injured at work?	
	7 0	
1/1/2	rikeu.	
23. SIGNATURE		or other

correct age ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death cleakly and legibly PLAINLY, WITH UNI is especially important. PLEASE WRITE

1. PLACE OF DEATH: Baltimore

Towson

How long in hospital or institution?...

Years

Personal history

3. (a) FULL NAME

4. Sex

7. 8irth dale of deceased (mo., day, yr.)

11. Industry or business

13. Birthplace

Cemetery or crematory

(Date rec'd by registrar)

8. AGE:

Hospital, Institution, or street address where death occurred Eudowood Sanatorium, Tows

MARGIN RESERVED FOR BINDING

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The

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

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WITH

PLEASE WRITE PLAINLY, WITH correct age is especially important.

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BALTIMORE CITY	HEAL	TH D	EPARTM	ENT
CERTIFICA	TE	OF	DEATI	1246

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13			1 1	100	
Re	CIST	ere	el i	w	0

egistered	No.	40

		100		
1. PLACE OF DEATH: (a) Baltimore City, Maryland	30	2. USUAL RESIDENCE OF DECEASED:		
(b) Street address. Med wes (c) Hospital or institution: Car	in #14 md.	(a) State Md. (b) County (c) City or town Baltimore (If outside city or town limits, write RURAL and give town		
(d) Length of stay in hospital or in	st. (vrs., mos., or days)	(d) Street No. 107 % Time de Coe (If rufal give location)		
(e) Length of atay in Baltimore (yr		(e) Citizen of foreign country?		
3 (a) FULL NAME	Prudence	mason		
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION		
	No.	20. DATE OF DEATH 6-6-19 Y7, at 3 P. 1		
7. W. di	(a) Single, married, widowed, or worced.	21. I certify that I took charge of the remains described above, held Autopsy, Inspection or Inquiry		
7. Birth date of deceased (mo., day		by said Autopsy, Inspection or Inquiry, find that said deceased cam to death on the day stated above, and death in m		
8. AGE: Years Months Days	1	opinion resulted from: natural causes , accident , suicide homicide , undetermined and that the causes of death were		
9. Birthplace 3G	Ulution . vn, county, and state)	Acute fatty degeration of liver .		
10. Usual Occupation	ske	Cerebral Ademais		
12. Name Ses M.	200n	Due to		
14. Maiden Name Occur	a Melsh	Other Conditions Myosordial degeneration.		
15. Birthplace	Cottond	(Include pregnancy within 3 months of death)		
16 (a) Informant. Adaess (b) Address 900 11	0 .	22. If an external cause was primary [] or contributing [] cause o death, fill in the following:		
(Burial, cremation, or removal)	Date thereof (month) (day) (year)	(a) Date of injury		
(c) Cemetery or crematory	elf	(c) Did injury occur at home, on farm, industrial place, in public place?		
(b) Address 1 3 00 8		(d) Means of injury.		
19 (a) (Date rectil by registrar)	On Hedrell	Date signed 6 - 2 - 47 Medical Examine		

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PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

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BC		VV.
Reg.	Diat.	No

L. PLACE OF DEATH: Sounty Baltimore						2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
. /						State Maryland County			
lity or town	(If outsi	de city or town	limits, write R	URAL and give nearest to	own)				
	ow long in above place of death?					City or town Baltimore (If outside city or town limits, write RURAL and give	nearest town)		
tospital, inst						Street No. 824 Rutland Ave.			
						(If rural, give LOCATION)	738		
low long in	hospital or ins	titulion?34	days		***************************************	2.(a) It veteran, name war.			
3. (a) FUI	L NAME					3. (b) Social Securi	ty Number		
	ALB	ERT L. N	MATTHEM	3					
4. Sex	5.	Color or race	6.(a)Singi	e, married, widowed, or divorc	ed	MEDICAL CERTIFICATION			
Mal	.e	Colored	132	Single		2D. DATE DF DEATH. June 7 1947.	al 8:10 Pm		
			11/2			21. I CERTIFY that death occurred on the date above stated; that I attended de			
6.(b) Name o	thusband or v	vite	STIET	e	West .	May, 6 19 47 10 June			
7. Birth date	at		6.(c) It alive, give age	years	and that I last saw h im allve on June 7			
	(mo., day, yr.)	7-29-	-99			Immediate caose of death UREMIA	DURATION		
8. AGE:	Years	Months	Days	If less than one day		Immediate (1996 of death	32 dave		
	47	10	8	hrs	min.				
9. Birthplace Baltimore, Maryland (Town, county, and state) 1D. Usual occupation Unemployed						Due to Chronic glomerular nephritis	32 days		
		0110/11020	<i>Y</i>			Bue to			
11. Industry ≤		ort Mat	thoma			Bther conditions Hypertensive heart	32 days		
12. Nam	. Bal	to. Co.	Md			diense	3.5		
						(Include pregnancy within 8 months of death)			
						Major fiodiogs of operations			
E 15. Birti	place	Baltimo	re, Md.						
				Vets Adm Hos	0	Actopsy resolts			
Address		t Howard				PHYSICIAN: Please noderline the cause to which death should be charge	ed statistically.		
1_		0		0 11	191	22. VIOLENCE: If death was due to external causes, fill in the following;			
17	cremation, or	removal, Which	Date ther	eot. (month) (day) (year)	Acpitent, suicide, or homicide Date ot			
		Bath	more			did injury occur?	(State)		
	12-	1		7.1.	7	Injured at home, farm, Industry, public place (where?)			
Location & Control Con					Mans of Injury Injury Injury	•••••			
18. Funeral	director	afu	1 U	Willa		misuns of injury injured 21 work?	0		
Address	15	15 h	15 El	derry	\$4	8. T. Olever W	L.N.		
19	d by regist	47	N-	w Adde	Registrar	23. SIGNATURE R. L. OLIVER, M.D. M. VAR. Ft. Howard, Md. Pate sign	D. or other 6/8/47		
(Date re	egd by regist	rar)	4	112	registrar	Address	eg		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05805 38 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore.	
City or town	State Md. County Daltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town Townson; Ballings
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Prosbyterian Home North Que
Presbyterian Home	(If rural, give LOCATION)
How tong in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	WEDTONE CERTIFICATION
Temple White widow	20, DATE OF DEATH Sume 2 9 19 47 21 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	July 1977 10 feel 29 1977
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) Oct. 15, 1868	and that t last saw h alive on 19.
	Immediate cause of death
8. AGE: Years Months Days If less than one day	
78 8 14hrsmin.	afabilité - 27 m.
Reltimone	0 10
9. Birthplace Baltimore, (Town, county, and state)	Due to
notined	
10. Usual occupation	Due to.
11. Industry or business	
12 Name Wm. H. Pearson	Other conditions
E	
	(Include pregnancy within 3 months of death)
14. Malden name Millicent Rogers	Major fiudiage of operations
14. Malden name Millicent Rogers 15. Birthplace Richmond, Va.	
	Date of op.
16. Informant T. E. Elliott Supt.	Autopsy results.
Address Presbyterian Home	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Date thereof July 1 947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematoryLoudon Park Comy,	Where did injury occur?
Location Fred. Ave. Balto. Md.	Injured at home, farm, Industry, public place (where?)
() o mail ()	Means of injury / Injured at work?
18. Funeral director John O. Mitchell Toma	
Address / 1900 Eutaw Pl. Balto. Md.	23. SIGNATURE HARY YOULL ON THE
6/20 Un Klarick	M. D. or other
19. (Date rec'd by registrar) Resistrar	Address Jawy - Whate signed 6/9/47

VS A15 9.45.151 PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04806

CERTIFICATE OF DEATH

2 HOURS DECIDENCE (LICENCE) OF DECEASED

g. Dist. No. 32

County Baltimore City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs., 10 mos., 30 days Hospital, institution, or atreet address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? 2 yrs., 10 mos., 30 days How long in hospital or institution? 2 yrs., 10 mos., 30 days	(For newborn infants give residence of mother) State
Miss Rose Meigide	None
Female S. Color or race 8.(a)Single. married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 5, 1947, 21:40 P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, 1944, to June 5, 1947 and that I last saw h er alive on June 5, 1947 Immediate cause of death DURATION
8. AGE: Years Months Days It leas than one day 25 6 28 hrsmin.	Pulmonary Tuberculosis 3 yrs. 1 mo.
9. Birthplace Srague, West Virginia (Town, county, and atate) 1D. Usual occupation Stenographer 11. Industry or businesa	Due to. Tubercle Bacilli Due to.
12. Name John Meigide	(Include pregnancy within 3 months of death) Major findings of operations. No operation
15. Birthplace Spain 16. Informant Miss Rose Meigide	Major findings of operations
Address 7 Boyd Ave., Takoma Park, Md. 17. Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Location	22. VIOLENCE: It death was due to external causea, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Frank H. Newell Address Reisterstown Rd. Pikesville, Md.	Maans of Injury Injured at work? 23. SIGNATURE Selection of Selectio

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

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	Reg. Diat. No.
1. PLACE OF BEATH! County Catturn	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in) into give residence of mother)
City or town	State County Cou
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospilal, institution, or siteet address where beat occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lerry Franklin Mix	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MWDM	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	18 to 19 and that f last saw h. All the 67 VC 19
deceased (mo., day, yr.) Tehrelary 20-1904	Immedia: cause of feath DURATION
8. AGE: Years Months Days If less than one day 43 3 /2hrsmin.	Realy bright artirel, corprany.
maruland	mula organism suspension 1997
9. Sirthplace(Town, county, and state)	Due to Heart Museul, my many y.
10. Usual occupation	Due to
11. Industry or business	
12. Name MA - 0	Bther conditions
w 1 do ant lok mendes	(Include pregnancy within 8 months of death)
14. Malden name 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	Major findings of operations.
16. Informati Mas. Seal a Munche	Cartoney results
Address Fronters Lange Towson	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" April 12 Both Harred 6-4-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (dor) (year)	Where did injury occur?
Cemeiery or crematory	(City or town) (County) (State)
Location Control of Co	Means of injury / jajured 3t work?
18. Funeral director.	POR. PHIL MID DILL
Address 5303 Fanta 1990	23. SIGNATURE A CLIMATO. PURILLE M. D. or other
(Date pec'd by registrar) (Date pec'd by registrar)	Address Taway W. Date signed 6/1/47

megistrar Address Tewany, W.

PLEASE

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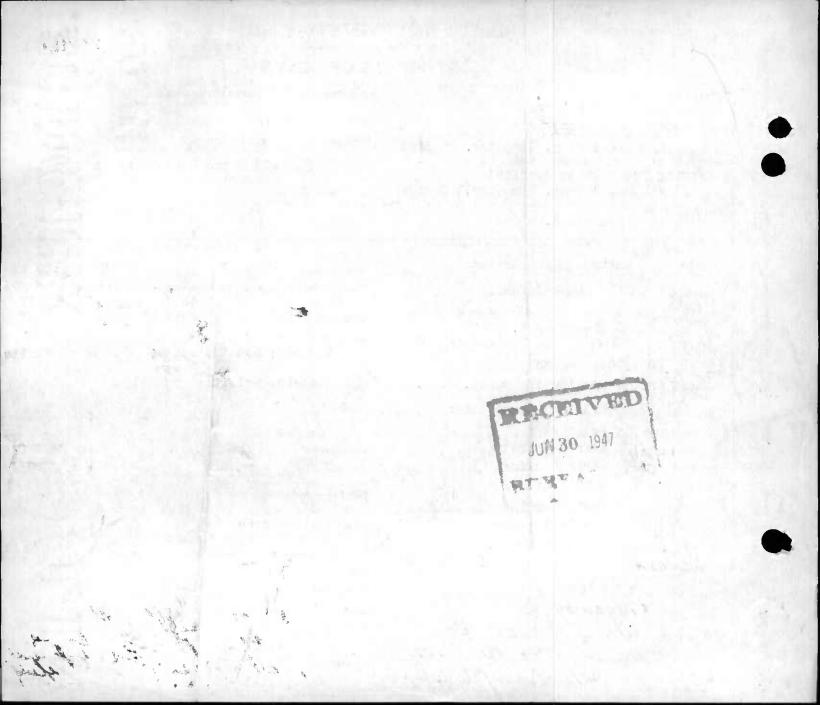
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Pe	
er.	Dist.	No. 30

CERTIFICAT	TE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH: County Baltimore Catonsville City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 9 months, 29 days Hospital, institution, or street address where death occurred: Spring rove State Hospital How long in hospital or institution? 1 year, 9 months, 29 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Hassell A. Moore	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 27 1947 21 6:20 A
8. (6) Name of husband or wite Rosebud Cox 8. (c) If alive, give age 57 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day	August 29 19.45 10 June 27 19.47 and that I last saw h. im alive on June 27 19.47. Immediate cause of death DURATION
59 6 23 hrs. min. 9. Birthplace Rockingham County, N. C. (Town, county, and state)	Coronary heart disease indefinit Due to Diabetes mellitus "
1B. Usual occupation Printer - compositer 11. Industry or business Printing	Due to
12. Name Alfred Moore 13. Birthplace North Carolina 14. Maiden name Ruth Pratt	Diher conditions
15. Birthplace North Caplina	Major findings of operations
Address Catonsville-28, Maryland Removal Removal Bate thereof Cemetery or crematory Location Location Address Address Location Address Address Catonsville-28, Maryland (Month) (day) (year) Cemetery or crematory Location Address Catonsville-28, Maryland (month) (day) (year) (month) (day) (year) Company Va. Location Address Address Address	Antopsy results
19.6-28 19.47 Starry II Heller (Date ree'd by registrar) Registrar	23. SIGNATURE Isadore Tuerk, M.D. M. D. or other Caton sville-28, Md. Date signed 6-27-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Count Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 years and 12 days	State Maryland County County Baltimore (If outside city or town limits, write RURAL and give near	
Hospital, institution, or street address where death occurred: Spring Grove State Haspital How long in hospital or institution? 12 years and 12 days	Street No. 410 GrindallStreet (If rural, give LOCATION)	V
3. (a) FULL NAME	3. (b) Social Security N	umber
Annie C. Morgan	no	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 28 1947 19	10 P
6.(b) Name of husband or wife. William Wooddy Morgan 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) November 10, 1884	21. I CERTIFY that death occurred on the date above stated; that I attended decean June 16 1935 is in June 28 1 and that I last saw h. 9	ed from 9.4.719
8. AGE: Years Months Days If less than one day 62 7 18	Pulmonary oedema	2 hours
9. Birthplace	Due to Chronic myocarditis (Cause undetermined) 170 2	Ind ef
11. Industry or business Home	cholelihiasis	11
12. Name John Krausz 13. Birthplace Bultimore	Other conditions Localized peritonitis	72 hours
14. Malden name Emma Caulk 15. Birthplace Baltimore	(Include pregnancy within 3 months of death) Major fiedings of operations	
16. Informant Hospital Records Address Catonsville 28. Md.	Aotopsy results	
Burial Burial Date thereof 7/1/47	22. VtOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
18. Funeral director, WM. J. TICKNER ONS Address Balto., Md. 19. (19. 4 december 19. 19. 2 december 19. 19. 19. 2 december 19. 2 decem	23. SIGNATURE Henry C. A. Mead, M. D. M. D. or	U.O., other

9-45-15M

VS A15

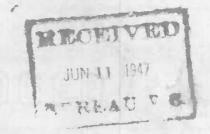
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

CERTIFICATE OF DEATH



1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Abaltimore	Salarelle 1 1. de H.
(If outside city or town limits, write RURAL and give nearest town)	-B. 0+
worldge in above place of death? / aft 4 10 months	(If outside city or town limita, write RURAL and give nearest town)
Host an institution, or street address where death occurred:	Sireet No. 14 J. Huslington
Harrie, Collegentle	(If rural, give LOGATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Besse Hae Muchlause	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Widow	20. DATE OF DEATH 10 19 47 21 5 45 CC. IN
Cin + M & III	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Company of the Compa	"
7. Birth date of	and that I last saw has alive on James 9 18 47
deceased (mo., day, yr.) Jan / - /8 +3	Immediate cause of death DURATION
8. AGE: Years Months Days Itless than one day	Cerefral Temorrhye 2 meles
64 6 9 mir	1.
9. Birtholace Glinco mel	Due to
(Town, county, and state)	Certerio Selevosio 3 years
10. Usual occupation. W.S. army	Due to
11. Industry or business	
12. Hame William Daily	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Francis Price	
14. Maiden name Francis Pace 15. Birthplace Parleton Mad	Major findings of operations.
15. Byrinpiace of accounts	Dale of op.
16. informant of the office of	Autopsy results
Address Ptaseric Trone Cichigani	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Burial Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemctery or crematory	Where did injury occur?
Location Frederick CO	Injured at home, farm, Industry, public place (where?)
18. Funeral director Wan, Cook	Means of Injury injured at work?
Address St. Paul & Preston St	The state of the s
Audicos VI, Venn Viesnos VI	23. SIGNATURE Haltu M. Kees M. D. or other
(Wate rec'd by registrar) 19 47 Januar Marsalan Registrar	100 me 1 1/10/47
(Noate rec'd by registrar) Registrar	ADDRESS



2411 N. Charles St., Baltimore

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-07	Diet	No. Y	

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn iofants give residence of mother) County City or town tside city or town limits, write RURAL and give nearest town) City or town. (If outside city or t limits, write RUNAL and give ocarest town) Rospital, institution, or street address where doath occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If votoran, namo war..... 3. (a) FULL NAME 3. (b) Social Security Number Vowac MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; 7. Birth date of doceased (mo., day, yr.) DURATION If loss than one day 8. AGE: 9. Birthplace 10. Usual occupation 12. Name..... 13. Birthplace (locinde pregnancy within 3 months of death) 14. Maideo oa 15. Birthplaco 14. Maideo same 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: tf doath was due to external causes, filt to the tollowing: (month) (day) (year Accident, suicido, or homicido..... (Burial, cremation, or removal, Which?) Where did injury occur? (City or towo) (County) (State) injured at home, farm, industry, public place (whore?) Injured at work? Means of Injury M. D. or other

information carefully of death clearly and MARGIN RESERVED FOR BINDING item of every it Z. Supply please wri INK. ADIN PLAINLY, is especially WRITE PLEASE

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 5 0

CERTIFICATE OF DEATH

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1. PLACE OF DEATEL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn/infants give residence of mother)
County Dall Month	State Cooky Faller worl
City or town	Anna Mille
How long in above place of death?	it outside city or town limits, write RURAL and give nearest town)
Ale osant Auf Coar	Street Re SILUSUVIS (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Comma	damoluss pone
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Ante Man	20. DATE DE DEATH. 6 - 15- 1947 21 9 A M
6.(6) Name of husband or wife harbs Lolling.	21. I CERTIFY that death occurred on the date above stated; that t ettended deceased trong
8 (a) If allies also are	1/1/30 19, 10, 10, 15/14/
7. Birth date of	and that t last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of Seath DURATION DURATION
4 20hrs.,mln.	The wife of the mysen start of you
9. Birthplace Talh more MA	Due to the business and the business and the business are the business and the business are the business and the business are
(lown, county, and atate)	
10. Usual occessation	Due to Superior Super
11. industry or business	Nath wears
12. Name Manue Jakobski 12. Name Manue Jakobski 13. Birthplace Jakobski 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden named Lasty Hogan 15. Biffiblize Salty work / M.	Major fieldings of operations - Services
15. Biffiliance affer work	heart - foll Post of the
18. Informat The Mile Management of the Manageme	Autopsy results
Address 4889 Lamer May	22. VIOLENCE: tt death was due to external causes, fill in the tollowing:
(Burlal, eremation, or removal Which?) Date thereot (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory Juliany Tark	Where did injury occur?
Sullinge. THO	Injured at home, farm, industry, public place (where?)
Location December 1	Means of injury injured at work?
18. Funeral director	6 48 11.11
Address 2111 TgW,	23. SIGNATURE SHALL SAMPLEY
19. 0/19 18 4) Ah Hedreck	Address Relation to Date signed (1/2)
(1) oto model by registrar) / (2) Kegistrar	Anniege Jane Sterney Commission and

PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/			CERTIFICA	Reg. Diat. No	T
/	more			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State. Maryland County	
How long in above place of	death? 95 D	ays	URAL and give nearest town)	City or town Baltimore (1) (If outside city or town limits, write RURAL and give near	est town)
Vets. Adm	Hosp. Fo	rt How	ard, Maryland	Street No. 809 Cathedral Street (If rural, give LOCATION) 2.(a) It veteran, name war WW-I	
3. (a) FULL NAME	FR	ANK A.	O'CONNELL	3. (b) Social Security N 579-01-1845	umber
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Divorced	2D. DATE OF DEATH. June 25, 1947.	
			N 4 - 0	21. I CERTIFY that death occurred on the date above stated: that t attended decear March 22, 19.47 to June 25,	19. 47
7. Birth date of deceased (mo., day, yr.)	1-2-96	b. (c) If alive, give ageyears	and that I last saw h.im alive on June 25,	1947
8. AGE: Years	Months	Days 23	It less than one day	Carcinoma of left lung, metastatic	?
51	5	23	hrsmin.	to pleura, mediastinum and liver	
9. BirthplaceNew	(Town,	eounty, and a	ker	Due to	
11. industry or business					
12. Name John 13. Birthplace	0'Connel Ireland	1		Diher conditions Hemothorax, left	?
H 14. Maiden name	Mery Duna	gan		(Include pregnancy within 5 months of death) Major fiediogs of operations	
15. Birthplace	lew York			Date of op.	
	ical Reco	rds, V	ets. Adm. Hosp.	Autopsy results. Substantiated above. PHYSICIAN: Please moderline the cause to which death should be charged at	····
Address 17 (longer, cremation, of Cemetery or crematory)	r removal. Which?)	Date there	month (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location	Tuderi	h t	Sad.	(City or town) (County) Injured at home, farm, Industry, public place (where?)	(State)
Location	6 a.		-n +	Means of Injury Injured at work?	
18. Funeral director	71/Jil	ety	Rights. ave.	23 SIGNATURE Robert M. Cullison	
19vesee	26 19 47	Ve	Par Jelus Regigirar	23. SIGNATURE M. CULLISUN, M.D. CLIN, M.DIO Address V.A.H. FORT HOWARD, MD. Date signed.	other 5-26-47

PLEASE

(Date rec' by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

04814

		201
07.	Dist.	No. 50

CERTIFICAT	Reg. Dist. No	
County. City or town (if outside city or town limits, write KURAL in the nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State	t town)
How long In hospital or institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME Jeanian Parls	3. (b) Social Security Nu	mber
4. Sex 5. Color of sce 6. (3) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	9ºA
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1.7 min.	Impodinic cause of death Of Carlo	5 2 47
Birthplate Farlsville (Battissee Md.) 10. Usual occupation	Due to	
11. Industry or business	Due to	
13. Birthplace Patternoe Wyl	(Include pregnancy within 3 months of death)	
15. Birthplace, Togeshaw Carstered	Major findings of operations. Date of op.	
Address 8357 Old Jack 14. Falts 14	PHYSICIAN: Please underline the cause to which death should be charged star 22. VIOLENCE: If death was due to external causes, fill in the following:	tistically.
17 Butta Date thereol (month) (day) (year) Cemetery or crematory Male (Male (M	Accident, suicide, or homicide	State)
Location Bulb Company	Injured at home, farm, industry, public place (where?)	
Address 5305 Adjust 1	B. SIGNATURE Rollin C. Fredern M.	D. DIY
19 6/9 10 X7 All Helice	M. D. or	5/8/47

Registrar Address Ourse

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

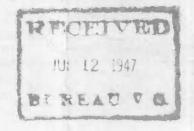
2411 N. Charles St., Baltimore 93 d

CERTIFICATE OF DEATH

04815

Reg. Dist. No.4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Balto.	State Md. County Balto.				
City of town. Raspeburg (If outside city or town limits, write RURAL and give nearest town)					
Aow long in above place of death? 11fe	City or tewn Raspeburg (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No				
6702 Golden Ring Road					
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male white married	2D. DATE DE DEATH 19.47, at 5 P. M				
8.(b) Name of husband or wife	21. I CERTIFY that weath occurred on the date above stated; that Lattended deceased from				
6.(c) tf alive, give age	May 1 1947 10 June 8 1941				
7. Birth date of	and that I last saw h. AMA alive on				
deceased (mo., day, yr.) April 24, 1878 8 ACE: Years Months Days If less than ono day	Immediate cause of death				
o. Aug.	Colonary Monivores Sudden				
69 1 14hrsmln.					
9. BirthplaceBalto. Co. Md. (Town, county, and state)	Due to arthurselyutury				
10. Usual occupation Carpenter	Cardio-Vasura assare 1 yc				
	Due to				
11. Industry or business					
12. Name Henry J. Peper	Other conditions				
	(Include pregnancy within 8 months of death)				
14. Maiden name Mary Miller 15. Birthplace Germany	Major findings of operations.				
15. Birthplace Germany	Date of op.				
te informant Mrs. J. H. Peper	Antonsy results.				
aron a law Dina Bood Bolto 6	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
	22. VIOLENCE: If death was due to external causes, fill in the following;				
t7 burial (Burial, cremation, or removal, Which?) Bate thereof June 12, 1947 (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Moreland Memorial Park	Where did injury occur?				
	Injured at home, farm, industry, public place (where?)				
Location Balto. Md	Meens of injury o tnjured at work?				
18. Funeral director Landelle True Land	0, 0, 0				
Address 7401 Belair Road	Leo. M. Baumaardner				
18. June 7 19. 47 Mal 9, L. Rufsmith. Registrar	23. SIGNATURE. M. D. or other Address Bulto 6 May Bate signed 4 - 8 - 4 7				



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correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The expecially important, Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
MARILAND	SIAIL	DELAKIMENI	OI.	ILLEALI

01010

				TE OF DEATH	Reg. Dist. No	
How long in above place of Hospital, Institution, or straight. Armagh.	imore ibrook lide city or town lis death? reet address where to Drive	nits, write l		City or town Woodbroo (If outside city or town Street No. 114 Armagh D	E) OF DECEASED: cooply Baltimore k limite, write RURAL and give n rive , give LOCATION)	earest town)
3. (a) FULL NAME	Ber	nard H	. Prendergast		3. (b) Social Securit	y Number
4. Sex Sex Male	white	6.(a)Sing	le, married, widowed, or divorced Married	MEDICAL 20. DATE OF DEATHJune 17	L CERTIFICATION	at 10 A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 72 9. Birthplace	Februar Months 4 (Town, care Retire 1 1 1 1 1 1 1 1 1	y 7,] Days 10 Sounty, and d enders	if less than one dayhrsmin. state) (ast	and that I last saw h.l	hin 3 months of death) Date of op.	19 44 19 44 DURATION
Address 114 17. buri: (Burial, cremation, of Cemetery or crematory. Location Ba. 18. Funeral director	Armagh D al Loudon ltimore, Wm. Cook, St. Paul	Date the Park Maryls Inc.	Woodbrook eel 6/20/47 (month) (day) (year) Cemetery and t Weelstar	PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide Where did injury occur? (City or to trijured at home, farm, industry, public pla Means of Injury 23. SIGNATURE	to which death should be charged and causes, fill in the following: Date of Own) (County) ace (where?) Injured at work?	(State)

Registrar

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13100

GRA O 1 H

CERTIFICAT	TE OF DEATH Reg. Diat. No	310
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	arest town)
4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 100
female white widowed	2D, DATE OF DEATH June 27 19 47	. 7.55 n
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece June 24 19.47 to June 2 and that I last saw h	71947
8. AGE: Years Months Days If less than one day 94 7 12	Immediate cause of death Coronary accident	DURATION
9. Birthplace Italy (Town, county, and state) 10. Usual occupation housewife	Due to Coronary sclerotic disease	Indef.
11. Industry or business home	Due to Chronic arteriosclerotic cardiovascular renal disease.	Indef.
12. Name Carmel Varccaro 13. Birthplace Italy	Diher conditions	
14. Maiden name Fanny? 15. Birthplace Italy	Major fiedings of operations	
Hospital Records Address Catonsville 28, Md.	Actopsy resolts	statistically.
17. Bull (Burial, cremation, or removal, Which?) Cemetery or crematory. Holy Redeemer	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director	Injured at home, farm, Industry, public place (where?)	
Address 46 Pash Sulation 19. 2 A Hedust	23. SIGNATURE Catonsville 28, Ma. M. D. Address. Date signed.	

WRITE

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94 a

CERTIFICA	TE OF DEATH Reg. Dist. No.	*******
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)	l
City or town	State	
How long in above place of death? 2 2000 Hospital, Institutions or street address where death persurred:	(If outside city or town limits, write RURAL and give nearest town)	,100.00.0
Repr Willow Spp Ro + Bally are.	Street No. (If rural, give LOCATION)	•••••
How long in hospital or institution? 25.5. Baller are	2.(a) If veteran, name war	
3. (a) FULL NAME Morton James &	3. (b) Social Security Number 174-07-277	0
4. Sex 5. Color or race 6.(a) Single, married, without of states	MEDICAL CERTIFICATION 20. DATE OF DEATH.	5%
6, (b) Name or wife Dorothy Reardon	21. I CERTIFY that don't occurred on the date above stated; that i attended deceased from	
7. Birth date of deceased (mo., day, yr.) Aug. 13. 1902	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death	TIDN
9. Birthplace amadale, n. 2,		نرو
10. Usual occupation	Gena alerhen ?	
11. Industry or business Bethaning stuff Cri,		
12. Name Robert Reardon 13. Birthplace	Other conditions	
14. Maiden name annie Me Sinnis 15. Birthplace Me G	(Include pregnancy within 3 months of death) Major findings of operations.	
E 15. Birthplace		
16, Informany Marine Marine	PHYSICIAN: Please underline the cause to which death should be charged atatistically.	,
Address 17. Bull of Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or cramator, Darlington,	Where did injury occur?	
Location J.	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?	
Address Markington Md	made - mg	
MIMIT. DMORRE	23. SIGNATURES Cobor	
(Date re'd by registrar) Registr	Address Date signed of	1

RECEIVED

JUN 18 1947

BUREAT OF

V. S. No. 1

Infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04819
1. PLACE OF DEATH	93d
County Baltimore	Registration Dist. No. 38
Course Manual and	43.0 % 3 1 5 3

1. PLACE OF DEATH		1500	
County Baltimore		Registration Dist. No.	8
Village or City Govans, Length of residence in city or town where deeth		No. 410 Murdock Road St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs. mo	
(a) Residence: No. 410 Mur	The state of the s	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WICOWOO	21. DATE OF DEATH Gune (Month) (Oey)	, 1934 7 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Louis J.	Rettagliata	22. HEREBY CERTIFY. Thet attended of the state of the sta	deceased fro
6. DATE OF BIRTH (month, day, end yeer) Jan 7. AGE Years Months 82 . 5	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, et	7 deeth Is sa
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yeers) spant in this occupation	arterio scleratio Cardio	Mch 14
12. BIRTHPLACE (city or town) Pa. (State or country)	.0.	Other Contributory Causes of Importance:	
13. NAME Samuel J. F	Black		
HE 13. NAME Samuel J. F. 14. BIRTHPLACE (city or town) F. (State or country)	a.	Name of operetion	eutopsy?k
15. MAIOEN NAME Adeline 16. BIRTHPLACE (city or town) (State or country)	Rhodes	23. If death wes due to external causes (VIOLENCE) fill In elso the following Accident, suicide, or homicide? Oate of injury Where did injury occur?	, 19
17. INFORMANT Nrs. Grace (Address) 410 Murdoc 18. BURIAL, CREMATION, OR REMOVAL bur Plece. Holy-Redeemer	k Road	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA Manner of injury	e) AGE.
19. UNDERTAKER Jasahn Fys	great Home	24. Wes disease or injury in any wey related to occupation of deceased?	no

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____6.7.0.1...

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis JUL 1 1947	3 days ago
	WERSAL CE.	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis JUL 1 1947 Other contributory causes of importance:

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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and .	Out.	-01	

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	a	2
Dist No.	7	

/	-	CERTIFIC	AIE OF DEATH Reg. Dist. No.
1. PLACE OF	DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Balto.			(For newborn infants give residence of mother) State Md County
City or town	City or town		•••••
How long in above p	place of death?		City or town
Mospital, Instilution	n, or street address where	death occurred:	streel No. 345 3 rd. Ave.
			(If rural, give LOCATION)
3. (a) FULL N	al or Institution?		
3. (a) FULL NA	AME		3. (b) Social Security Number
4. Sex	5. Color or race	WILLIAM RIEDEL 6.(a)Single, married, widowed, or divorced	?
4. 381			MEDICAL CERTIFICATION
M	W	Married	20. DATE OF DEATH
		M. Riedel	10 10 10 10 X/476 / 10 T/
7. Birth date of deceased (mo., d	lay, yr.) Jan.	1, 1887	Immediate cause of death DURATION
8. AGE:	Years Months	Days It less than one day	Immediate cause of death Aremid 48 hrs
60	5	16hrs.	
	lon. Laborer	Md. county, and state)	
	hristy Riede Baltimore	1	
HLOW 14. Maiden na	ameMathilda German	Lysnery	Major hadings of operations. A top p - Date of op. A to, 19,144
	Mr. William	C. Riedel	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	ial		
Cemetery or XX	Loudon	Park Cem.	Where did Injury occur?(City or town) (County) (State)
Location	Baltimore, M	ld.	Injured at home, farm, industry, public place (whire!)
18. Funeral direct	or WM. J. TIC	KNER & SONS INC.	Means of Injury Injured at work?
Address	North & Pa.	Aves. Balto. 17, Md.	23 SIGNATURE COTTO M. D. orbiter
19. (Date/rec'd b	y registrar)	Al W He de	DOS 8/24/UV4 1: 6.1/.4/

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

160c

Reg. Dist. No. 3

CERTIFICATE OF DEATH

· / / CERTITION	E OI DEMILII
1. PLACE OF DEATH Saltwork	2. HOME (USUAL RESIDENCE) OF DECEASED.
(b) City or town Sural (Naudallston)	(a) State
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town (If outside city on joyn limits, write R)RAL and give town)
(c) Street address, nospital, of histitution.	6/30 Wiles
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (If rural give location)
(e) Length of stay in this community (yrs., mos., or days) 9 5.	(g) If foreign born, how long in U.S. A.?years
3 (a) FULL NAME Maurice D. Not	r baugh. Ir.
3 (b) If veteran, name war 3 (c) Social Security	20. Date of death Study 1947, at 60.
/ No. /	20. Date of death 19 19 19 19 19 M
4. Sex 5. Color or race 6 (a) Single married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
Male Tite divorced Deugle	ed deceased from 421 194), to 6/2/ 194)
6 (b) Name of husband or wife	and that I last saw him alive on
6. (c) If plive, give age years	Immediate cluse of death Duration
7. Birth date of deceased (mo., day, yr.) Live Mary	Unglisphia resudision
8. AGE: Years Months Days If less than one day	Due to alexicature as a salar
~ /2 - Q hrS; min.	Aplacenta ()
a Rink to Saltinors Co. Yes.	Due to
9. Birthplace (Town, county, and state)	Other conditions
10. Usual occupation	(Include pregnancy within 3 months of death) PHYSICIAN
11. Industry of Susiness	Major findings: Underlins the
E 11 Name Mayous D John Bugh or	Of operations causs to which death should be
3. Birthplace Mey fraudow (10)	Of autopsy charged statisti-
# 14. Maiden Name frangaget P. Hayler	cally.
2 15. Birthplace of Noord Caun fatto Con the	22. If death was due to external causes, fill in the following:
16 (a) Interpart Quest J. Athoroghi	(a) Accident, suicide, or homicide
(b) Address (Nort Caun Wy)	(c) Where did injury occur?
17 (a) believed (8) Date thereof Line 13.194	(City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Laugallston Law	place?While at work?
18 (a) Funeral director To Meller, Laurran	(e) Means of injury
(b) Address to to be besty the are	23. Signature Fr. E. Marty
19 (a) 6/21/47 (b) Por 6, / Parting	M. D. or other



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 32

County - Balt	cimore		(For newborn infants give residence of mother)	
				-Go
City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town)			I City on Annua 12 KOID2 PERIOR	***************************************
How long in above place	of death?U	s., l mo., ll days path occurred: Mt. Wilson		

Directions in bestiel or	Terrinicas O Vre	eulosis Sanatorium s.,1 mo., 11 days	2.(a) If veteran, name war.	F .
3. (a) FULL NAMI	Mrs.	Marion Catherine	Ryan 3. (b) Social Security Unknov	Mumber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1.55
Female	White	Married	20. DATE OF DEATH. June 13th, 19.47	12:15
& (h) Name of husband	or with Mr. 1	Robert S. Ryan	21. I CERTIFY that death occurred on the date above stated; that I attended doce	ised from
			May Z, 19.47, to June 1	
7. Birth date of			and that I last saw heralive onJune 13.	19 4.7
deceased (mo., day, y		16, 1920 Oays If less than one day	Immediate cause of death	
8. AGE: Years 27	2	0.4	Pulmonary Tuberculosis	6 mos.
9. Birthplace Pl	niladelph	ia. Pennsylvania	Due to Tubercle Bacilli	
	Houses	ounty, and state)		
10. Usual occupation	House	wife	Oue to	***************************************
11. Industry or busines				
置 12. Name	Roy Marl	W.C	Other conditions	
13. Birthplace	Laurel, 1	Maryland	(Include pregnancy within 3 months of death)	
14 Maiden name	Catherine	e Clark		
5	Pol +i mon	e Clark e, Maryland rt S. Rvan	Major hadings of operations	*********************
2 15. Birthplace	Man Dalas	e, Maryrana		
16. Informant		7	PHYSICIAN. Please underline the cause to which death should be charged	statistically.
Address 660	3 Allegher	ny Ave. Takoma Pk.	22. VIOLENCE: If death was due to external causes, fill in the following:	
" Burial		Oate thereof 6/16/47 Md (month) (day) (year)	22. VIOLENCE: It death was due to external causes, in the following. Accident, suicide, or homicide	
Cemetery or cremato	, Laure.	l Cemetery		(State)
Location	urel, Ma	ryland		***************************************
18. Funeral director.	John A. Me	oran	Means of Injury Injured at work?	/
		imore St., Balto., M	A IT I Man Ld	a los
		0 0 0 0 1 1 1	23. SIGNATURE SLEWOOU & JOHN D. D.	or other
19. June 13	3 15 47	Carl Wabsler Registr	d. Parry . a	
(Date rec'd by re	gistrar)	Registr	ar it waareer	A

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JUN 16 1947

STREAL CA

2411 N. Charles St., Baltimore

9400 114899

	/.	CERTIFICA	TE OF DEATH	Reg. Diat. No. 38
City or town	Ba Park (If outside city or town li	ltimore ville, Maryland mits, write RURAL and give nearest town) 7 years death occurred:	City or town	or DECEASED: mother) Baltimore Maryland Worth Road LOCATION)
How long in hospita	al or Institution?		2.(a) tt veteran, name war	
3. (a) FULL NA		T I. SCHROEDER		3. (b) Social Security Number 212-01-0943
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
male	white	married	20, DATE OF DEATHTunel.st.	19.4.7at .].] a
7. Birth date of deceased (mo., d		M. Schroeder 6.(c) It allve, give age		19. 4 7 10. 9 22 19. 4 7 19. 4 7 DURATION
1D. Usual occupati	lon ret	e, Maryland county, and state) ired lesman Schroeder	Due to	
13. Birthplace				
14. Malden na	Rosa Unk	Wilson	(Include pregnancy within 3 Major findings of operations.	
16. Informant	Mrs. C	harles C. Baker	PHYSICIAN: Please underline the cause to w	which death should be charged statistically.
17. bur (Burial, crema	tion, or removal. Which?	Date thereof June 5th/47 (month) (day) (year) 7 Redeemer	22. VIOLENCE: It death was due to externat ca Accident, suicide, or homicide	Date of
Location	4430	Belair Road	Injured at home, farm, Industry, public place (where?)
18. Funeral direct		Belair Road A.M. Bacon	23. SIGNATURE	

Registrar Address 8/00/tasford Ild - Date signed 6/11

MARGIN RESERVED FOR BINDING

9-45-15M

A15.

SA

PLEASE WRITE

19. (Date rec'd by registrar)

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLECENTYED

JUN 3 1947

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MARGIN RESERVED FOR BINDING

VS A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTI	FICA	TE OF	DEATH

04824 / Reg. Dist. No.

1. PLACE OF BRATH: wheeler Court	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MAS: County
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street address where death occurred.	Street No. # 20 Whelles M. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	
martha Sc	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale colored widowld	20. DATE OF SEATH June 30, 1947 at 4 15 M
6.(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 38 1947 to June 35 1947
7. Birth date of 2 1071/-	end that I last saw har alive on Sant 36 942
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
7.2 hcs	
01 1:11 0. 80	
9. Birthplace Carly (Town, county, and state)	Due to
10. Usual occupation Camestic	
1t, Industry or business	Due to
~! (10 /b., a b - 10 .)	Other conditions.
12. Name Succession 13. Birthplace S. C.	
E	(Include pregnancy within 3 months of death)
14. Maiden name Cong Cong 15. Birthplace	Major findings of operatious.
2 15. Birthplace	Date of op.
16. Informant Alaman Al	Autopsy results
Address 4 20 Whileen W.	22. VIOLENCE: It death was due to external causes, fill in the following:
(Recial exemption or removal Which?) Date thereot. (mouth) (day) (year)	Accident, suicide, or homicide
Thoutand	Where did injury occur?
Cemetery or crematory	
Location Double Cart Unit	Injured at home, tarm, Industry, public place (where?)
18. Funeral director adolphys Halstlad	Means of Injury Injured et work?
Address 918 Syderid Hill Wife	That . a glad up
Bed 3 42 acetes	23. SIGNATURE
19. Registrar	Address 1 1 0 Oak and Date signed 6-30-47

Hospital, I

3. (a) F FRA 4. Sex

WITH UNFADING INK. Supply every item of information carefully. The corresting important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, v is especially 9-45-15M PLEA SE-WRITE

A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C

DEPARTMENT OF HEALTH	04825
harles St., Baltimore 108	

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Be		·U
Reg. Dist. No	X	x

CFRTI	FIC	ATE	OF	DEATH	ľ

		,	CERTIFICA	TE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County			rd, Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give neared street No. 420 N.a. Chester St. (If rurs), give LOCATION) 2.(a) If veteran, name war	est town)
3. (a) FULL NAME FRANK J.	SEBECK,	IR.		3. (b) Social Security N	umber
4. Sex Male	5. Color or race White		married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATHJune_1st19.47	8:45 A
6.(b) Name of husbahe of	•••••	6.(e	Sebeck) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceas April 7, 18.47, 10. June 1, and that I last saw h.im. alive on June 1.	ed from 19. 4.7
deceased (mo., day, yr. 8. AGE: Years 24	Months	8-22 Days 14	If less than one day	Immediate cause of death	DURATION 30 days
11. Industry or business	Electric	ian Sr	tate)	Due to Weninigitis, cause undetermined Due to Due to Due to Pneumonitis, rt lower lobe	12 days
H 14. Maiden name		1m2.		(Include pregnancy within 3 months of death) Major findings of operations	
Address For 17. Burial (Burial, cremation,	t Howard or removal. Which Holy F	, Md Date there Cosay Ge	lets. Adm. Hosp. of (month) (day) (year) metery of Aorest lets. Adm. Hosp. Registrar	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged st. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	State)

PLAINLY, V WRITE PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 6

04826

CERTIFICATE OF DEATH

					Reg. Dist. No	
1. PLACE OF DE		imore		2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:	
				State Mary Land	County Baltimo:	re
	_	Maryland mits, write RURAL and give neareat to	11	City or townRosedale		
Hospital, Institution, o	r street address where	death occurred:	***************************************	Street No 8413 Phila	delphia Road	••••••
How long in hospital o	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		Sel Cent			3. (b) Social Security 1	
4. Sex	John Her	nry Seifert 6.(a)Single, married, widowed, or divorce	ad II		218-10-52	75
male	white	married		MEDICAL 20. DATE DF DEATHJune27	CERTIFICATION	at 4 • 35
7. Birth date of		aret Seifert 6.(c) If allvé, give age y 27th, 1882	years	2f. 1 CERTIFY that death occurred on the dat	e aboye fated: that I aftended decea 176 to 6/27 6/26/47	sed from
deceased (mo., day.		Days If less than one day		Immediate cause of death	I show best	DURATION
8. AGE: 6		hrs.	min.	Dyporturaise Co	-lo la artu	340
9. Birthplace		ore, Maryland county, and state)		Due to	luiplyia	•••••••••••
ff. Industry-or busines	s Broom	Factory				
12. Name	Henry Se Baltimor	ifert e, Maryland		Dther conditions		***************************************
f4. Maiden name	A Louise	Jubb		(Include pregnancy with		
		re, Maryland			Date of op	
16. Informant	rs. John	Henry Seifert adelphia Road		Autopsy results		tatistically.
n burial	or removal Which?)	0130/1	47 (year) ark	22. VIOLENCE: tf death was due fo external Accident, suicide, or homicide	Dale of	
	Washin	gton Blvd.	•	Injured at home, farm, Industry, public place		
Location		Funeral Hon	ne	Meens of injury	Injured at work?	
Address		lair Road	11	23 SIGNATURA Material	J. Thurson	¢'
19. (Date rec'd by	147.19	John & Come	Registrar	Address 10/65. Ea	M, D. o	r other



MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

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MARYLAND STATE DEPARTMENT OF

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Pan Dist	M-	

	E OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County Baltimore City or twn Fort Howard (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? 1 day. Mospital, institution, or street address where death occurred: Veterans Administration Hospital How long in hospital or institution? 1 day.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Stale Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nea Street No. 788 W. Franklin Street (If rural, give LOCATION) 2.(a) It veteran, name war. World War	rest town)
3. (a) FULL NAME (WILLIAM) HENRY SELBY	3. (b) Social Security Unknown	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Negro Single 6.(b) Name of husband or wife 6.(c) If alive, give age years	MEDICAL CERTIFICATION 20. DATE DF DEATHJune13	ased from 19147.
1. 8 irth date of deceased (mo., day, yr.) August 15, 1892.	and that I last saw h.imalive onJune 13. Immediate cause of deathThrombosis of anterior descending coronary artery	DURATION
9. Birthplace	Due to	Unknown
12. Name Mack Selby 13. Birthplace Virginia 14. Maiden name Mary Snead 15. Birthplace Virginia	Other conditions Old infarct of left ventricle; mural thrombus (Include pregnancy within 3 months of death) Major findings of operations Substantiated above Dale of op.	
Address Fort Howard, Md. 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Arbutus Memorial Cemetery Location Baltimore, Maryland 18. Funeral director. William Jackson		statistically.
Address 916 Pennsylvania Ave. Balto. Md. 19. (Date rec'd by registrar) Registrar	R. M. CULLISON, M.D., CLINICALD E Address Fort Howard, Md. Date signed	FRECTOR 6/13/47

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long In above place of death?..... Rospital, Institution, or street address where death occurred; How long in hospital or institution?. 3. (a) FULLNAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes item of oly every it .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Supply If less than one day 8. AGE: UNFADING INK. Physicians: 10. Usual occupation..... 11. Industry or business t3. Birtholace important (Include pregnancy within 3 months of denth) 14. Malden name. 15. Birthplace WRITE PLAINLY especiall PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exfernal causes, fill in the following; (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of Injury Injured af work? PLEASE M. D. or other ec'd by registrar)

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04828

CERTIFICATE OF DEATH

XX Reg. Diat. No. ...

	Essex, de city or town heath?	mits, write k	Land UkAL and give nearest town) years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	est town)
	JACOB	SIGRI	ST e, married, widowed, or divorced		
4. Sex 5.	Color or race	6.(a)Singto	e, married, widowed, or divorced	MEDICAL CERTIFICATION	n
male	white		widower	20. DATE OF DEATH	a 7:15
		6.(6	Loy.dyears 7th. 1876	21. I CERTIFY that death occurred on the date above stated; that attended decea	19.4-7
8. AGE: Years	Months	Days	If less than one day	Immediais cause of death Cordio Vascular Aldriane	4 4/2
70	6	28	hrs min.		
11. Industry or business	Carp Emp	enter		Due to	
12. Name	Wil] Bava	iam S	igrist	Other conditions	
14. Malden name	Mar	Haef	fner	(Include pregnancy within 3 months of death) Major findings of operations.	
₹ 15. Birthplace			, Maryland	Date of op.	0.0000000000000000000000000000000000000
16. InformantM.T. Address 22	Georg	e Sig	rist Ave.	Antopsy results	ets tistically.
17burial. (Burial, cremation, or	removal. Which	Dale ther	eefJune 9th/47	Accident, suicide, or homicide	
			<u>e</u>	Where did injury occur? (City or town) (County)	
			& Rose St.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	assah	Ju	neval Hone	Means of injury injured at work?	
Address	7401 B			23. SIGNATURE James F. Collica M. L.	0.
19. June 6 d	2 19.47	Ja	la S. Osmelleg Registrar	Address 7601 Eastern Dru Baldo , Date signed.	or other 6/6/47
				4. Jud	



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

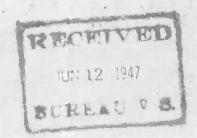
2411 N. Charles St., Baltimore

836

CERTIFICATE OF DEATH

Reg. Dist No 8 4 3

1. PLACE OF DEATH: County Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Md. County Balto.	*****
City or town	City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town)	
How long in above ptace of death?		
Sippel Ave.	Street No. Sippel Ave. (If rural, give LOCATION)	******
How long to hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
	5. (0) Social Security Number	
GERTRUDE SIPPEL 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		-
female white widowed	20. DATE OF DEATH. June 7th, 19.47 21.2.3	PM
6.(b) Name of husband or wife Louis Sippel, Sr.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Septem be 15 19 40 to June 7 19	
	and that I last saw h. L. alive on June 7 19.	(47
7. Birth date of deceased (mo., day, yr.) June 24, 1866		
8. AGE: Years Months Days If less than one day	Immedian cause of death DURAT Prombosis / Wes	
80 11 13hrsmin.	A LA	
9. BirthplaceBal. to	Due to Cerebral arkriosclerosis 204	case
1D. Usuat occupation		
	Due fo	
11. Industry or business		
12. Name John Marx 13. Birthplace Germany	Other conditions Hemiplegia 20 ye	412
13. Birthplace Germany	(Include pregnancy within 3 months of death)	
≝ 14. Maiden name Margaret Lutz	Major findings of operations.	
14. Maiden name. Margaret Lutz 15. Birthplace Germany	Major hadings of operations	
16. Informant Mrs. Louis Sippel,	Antopsy results.	
Address Sippel Ave., Raspeburg 6. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fitt in the following;	
burial Date thereof June 11,1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location Balto Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Landen Finnes Home	Means of tnjury Injured at work?	
Address 7401 Belair Road	23. SIGNATURE M. D. or other	
1 19 line 9 - 19 47 Ima 9 & Reissander	Address Date signed 6/8/	47
19. Unit 9- 19 47 ma G. A. Pelssundu (Date ree'd by registrar)	Address. Date signed.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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7	3	de	

CERTIFICATE OF DEATH

04831

		CERTIFICAT	FE OF DEATH Reg. Dist. No	32
City or town(If How long in above place Hospital, instilution, of	Pikesville outside city or town limi se of death? or street address where de leisterstown or Institution?	ts, write RURAL and give nearest town) Life ath occurred: Rd. L E. Stansbury	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P.M
Male	White	Married	20. OATE OF OEATH June 20, 1947	
		M. Stansbury	21. I CERTIFY that death occurred on the date above stated; that I attended dece	2sed trom
deceased (mo., day.		h 17, 1875	Immediate cause of death	DURATION
8. AGE: Yea	rs Months 2	Bays 3 If less than one dayhrsmin.	Chronic Myocarditis	2 yrs.
to. Usual occupation.	Retired	unty, and state)	Due to. Arterio Sclerosis Oue to.	3 yrs
12. Name	Baltimore		Other conditions None	***************************************
14. Maiden name	p	Merryman	(Include pregnancy within 3 months of death) Major findings of operations	
16. Interment Mr	s. Annie M. 609 Reiste	***************************************	Autopsy results PHYSICIAN: Flease nuderline the cause to which death should be charged	statistically.
	n, or removal. Which?)	Date thereot 6/23/47 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	
		Ridge	Where did injury occur?	(State)
Location Pike	sville-8, M	1.	Injured at home, farm, Industry, public place (where?)	
	George W.		Means of Injury Injured at work?	
Address 2	700 Edmonds	on Avenue.	23. SIGNATURE LOCAL CHARLES MA	<i></i>
t9. 6/21/ (Date rec'd by r	19.47 registrar)	Dr. E. E. Nichols Registrar	Address Pricerello & md Gate signed	or other 6/21/49

JUN 23 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04832 Reg. Dist. No. 38

1. PLACE OF DE	EATH:	••••••		2. USUAL RESIDENCE (HOI (For newborn infants give resi	dence of mother)	i
/			tURAL and give nearest town)	State Md . City or town Towson (If outside city or to	County	arest town)
Hospital, Institution, o	r street address where 213 Kingsto	death occurred				
How long In hospital o	or institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	IE	B	EULAH ADELE STYERS	(nee Resh)	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e. married, widowed, or divorced	MEDIC	AL CERTIFICATION	
Female	White		Married		Tune 8, 47	
			es Styers c) If alive, give ageyears		e date above stated; that I attended dec	19.4.7
7. Birth date of deceased (mo., day,		29, 1		and thet I last saw hailve on.		
8. AGE: Year		Days	If less than one day		0 0	
45	1	9	hremin.	0.000		112
9. Birthplace			state)	Due to		***************************************
1D. Usual occupation. 11. Industry or busine		ire		Due to		
12. Name	Dorrid F	Resh		Other conditions		
14. Malden name	Mary Ad Marylan			1	within 3 months of death)	
16. Intermant	Dr. Edward 3220 St. P		tyers, husband	Autopsy results	use to which death should be charged	
Russ	ial	Date ther	eof 6/10/47 (month) (day) (year)	22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	cternal causes, fill in the following:	
Cemetery or crema	ory Druid Pikesv	Ridge	Cem.		pr town) (Connty)	
Location	www			Maane of injury	Injured at work?	
Address	Baltimor	e, Md.	74 10/01	23 SIGNATURE		or other
19. (Date rec'd by	egistrar)	4	-W Heave	Address 20 E Presto	St. Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	-

04833 38 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:		
	rkvålle Baltimana				е	
City or fown.	outside city or town l	imits, write RURAL and give nearest town)	Do it imposed	Dointimone		
How tong in above pla	ce of death?		City or town	a, write RURAL and give near	rest town)	
Hospital, Institution,	or street address where	death occurred:	Street No. 2919 Onyx Ros	aa		
	2919 Onyx	Roau	(If rural, give	LOCATION)		
How long in hospital	or Institution?		2.(a) If veteran, name war	•••••••		
3. (a) FULL NAP	ME	Mary H. Sullivan		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
female	wn_te	widowea		29 ch 19 4 '/	2 00 A.M	
6.(b) Name of husban	nd or wife	John J. Sullivan	21. I CERTIFY that death occurred on the date abo			
7. Birth date of			s and fhai I last saw h. L. alive on			
deceased (mo., day			Immediate cause of death		DURATION	
8. AGE: Yes	7.1	Days If less than one dayhrsmin.	a cute pulmana	y edema	6 hrs.	
9. Birthplace	(Town,	more, Md.	Due to Corarany to	trancous	5 Week	
1D. Usual occupation	аь	home			***************************************	
11. Industry or busin			Due fo	***************************************	***************************************	
		thman			***************************************	
E	Md.	VIIII GII	Dther conditions			
	0.000		(Include pregnancy within 3	months of death)		
14. Maiden nam			Major fisdings of operations			
15. Birthplace	Md.		Major insulation of operation			
16. Informant	nin m	gracust Sullivan	Autopay results			
		10 ,	PHYSICIAN: Please underline the cause to w	hich death shoold be charged	statistically.	
	19 Ony		22. VIOLENCE: If death was due fo external car	uses, fill in the following:		
Buris	a.l. on, or removal. Which	Date thereof	Accident, suicide, or homicide			
	atory	Holy Redeemen	Where did injury occur?(City or town)			
Landlan		Baltimore, Md.				
racation		naru J. Ruck	Means of Injury	Injured af work?		
18. Funeral director			•			
Address	, 5505 H	arrora Roau, 14	23. SIGNATURE Handl	a. g. ot	L M. D.	
7/	1 Y	of the delane				
19.) 19 X	Pagistra	Adding 8/102 Harland	Md. Bala signed	130/47	

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PLEASE

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04834

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

BU Reg. Dist. No. 32

County Baltimore City of fown Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6. yrs., 2 mos., 7 days fospital, instilution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or instilution? 6 yrs., 2 mos., 7 days 3. (a) FULL NAME Miss Ruby Sunderland	State Maryland County City or town Baltimore City (If putaldecity or town limits, write RURAL and give nearest town) Street No. 22 Hill Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 2, 1947 21 3:25 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from March 26. 19. 41. to June 2. 19. 47. and that I last saw h. e.r. alive on June 2. 19. 47.
8. AGE: Years Months Days If less than one day 27 6 11	Immediate Cause of death Pulmonary Tuberculosis 7 yrs. 3 mos.
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to
12. Name Arnold Sunderland 13. Birthplace Baltimore, Maryland	Other conditions
14. Maiden name Marie Hand 15. Birthplace Baltimore, Maryland 16. Informant Miss Ruby Sunderland	Major findings of operations. No operation Date of op.
16. Informant Miss Ruby Sunderland Address 22 E. Hill St., Balto., Md.	Autopsy results
Burial Date thereof June 5, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory New Cathedral Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 4300 Old Frederick Rd., Balto., Md. 18. Funeral director. J. Melville Jenkins	Injured al home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director	23. SIGNATURE Stewart Shaffer in a Address Mount Wilson, Md. Date signed

REON 1947
BUREAT

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9-45-45M PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH		MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

33 Reg. Dist. No....

1. PLACE OF 1	DEATH:		2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	F DECEASED:
			Siate Md Cou	Balto.
City or town	.e.l.s.l.e.r.s.l.c.	imits, write RURAL and give nearest town)	Paietaretown	
How Jong In above pl	ace of death?	50 yrs	(If outside eity or town limits	s, write RURAL and give nearest town)
Hospital, institution,	or street address where	death occurred:	Street No. Cherry Hill R	Road
/			(If rural, give None	LOCATION)
How long In hospital	l or Institution?		2.(a) It veteran, name war. NOTE	
3. (a) FULL NA	ME			3. (b) Social Security Number
		Charles B. Tove	211	None
4. Sex	5. Color or race	6.(4)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White	Married	0 000	Intuly 10 h
	-		20. DATE OF DEATH	
6.(b) Name of husba	nd or wife Carr	ie M.Tovell	21. I CERTIFY that death occurred on the date abo	
		6.(e) It alive, give ageyes	113	1) /) /) / 1
7. Birth date of deceased (mo., da	y, yr.) July	2,1872	and that I last saw harman alive on	
	ears Months	Days It less than one day	Immediate cause of death	Aslate 3M7
74	9	30hrsmi	m. with metal	
B. Birthalose	Balto.Co.	eounty, and state)	Due to	shine any
				0 -4
1D. Usual occupatio	Tree s	urgeon	Due to	
11. Industry or busin	ness			
W 12 Name B	Robert Tow	ell	Other condition Projects	
	England		lat vertele	10. 15mg
		e Griffin	(Include pregnancy within 8 r	nonths of death)
14. Maiden nar 15. Birthplace	ne octonor In	· · · · · · · · · · · · · · · · · · ·	Major findings of operations	
≥ 15. Birthplace	Md.			Date of op
16. Informant	arrie M.I	ovell	Autopsy results	
Address R	Reistersto	wn, Md.	PHYSICIAN: Please underline the easse to wh	
Ruri	al	june 3.1947	22. VIOLENCE: If death was due to external cau	
(Burial, cremat	ion, or removal. Which?	late thereof june 3, 1947 (month) (day) (year)		
Cemetery or crem	atory All Sa	ints	Where did injury occur?(City or town)	(County) (State)
Location	Rolto Co		Injured at home, farm, Industry, public place (wi	
18. Funeral director	J.F.Elin	ie & Sons	Means of injury	Injured at work?
	Reisterst		a Panna)	willhuss
	3	Mary B Eline	23. SIGNATURE	M. D. or other
(Date ree'd by	Tegistrar)	Registr	ar Address Address	Date signed MAL

JUN 5 1947
BUREAU V 8

WRITE

PLEASÉ

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04836 Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother)
City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O. yrs. 1 mo. 14. days Hospital, Institution, or street address where death occurred: Mt. Wilson	Slate Maryland Couply Talbot Co. City or town Lewistown, Cordova: (If outside city or town limits, write RURAL and give nearest town) Street No.
Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? O yrs., 1 mo., 14 days	(If rural, give LOCATION) 2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Laura Towers	None None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. June 5, 10.47 at 12:40A
B.(b) Name of husband or wife Robert N. Towers 6.(c) If alive, give age 5.7 years 7. Birth date of deceased (mo., day, yr.) November 11, 1888	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21, 1947, to June 5, 1947 and that I last saw her alive on June 5, 1947
8. AGE: Years Months Days If less than one day 58 6 25	Pulmonary Tuberculosis 9 mos.
9. Birthplace	Due to. Tubercle Bacilli Due to.
12. Name Emanuel King 13. Birthplace Pennsylvania	Other conditions Diabetes Mellitus 9 mos.
	(Include pregnoncy within 8 months of death)
14. Malden name Sarah Hartman 15. Birthpiace Pennsylvania	Major findings of operationsNo. operation
15. Birthplace 1 CILLS y I Valle	Date of op.
Ib. Informant	Autopsy results
Address Lewistown, Cordova, Talbot Co., Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cordova Cemetery Cordova Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cordova, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Stewart and Mowen Co.	Means of Injury Injured at work?
Address 108 W. North Ave., Balto., Md.	Newart & Shaffer mis
19. June 5, 19.47. Earl 7. Webster (Date rec'd by registrar) Registrar	23. SIGNATURE M.O. or other Address Mount Wilson, Md. Date signed 6/5/47

JUN 7 1947 BUREAU T B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No32
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Oella (If outside city or town limits, write RURAL and give nearest town) Street No. 101 Oella Avenue (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Mr. George W. Tucker	3. (b) Social Security Number 219-10-1036
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATHJune 11., 19.47
8.(b) Name of husband or wife. Mrs. Allie V. Tucker 6.(c) It alive, give age. 59. years 7. Birth date of deceased (mo. day, yr.) April 9, 1882 8. AGE: Years Months Days It less than one day 65 2 2 hrs. min. 9. Birthplace. Howard Co., Maryland (Town, county, and atate) 10. Usual occupation. Special Police Officer 11. Industry or business 12. Name. Robert Tucker 13. Birthplace Howard Co., Maryland 14. Maiden name. Elizabeth Hobbs 15. Birthplace Howard Co., Maryland 16. Informant Mrs. Evelyn Allen, Daughter Address 101 Oella Ave., Oella, Maryland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15., 19.47. to June 11, 19.47. and that I last saw him alive on June 11, 19.47. Immediate cause of death Pulmonary Tuberculosis 3 yrs. Due to Tubercle Bacilli Due to Tubercle Bacilli Due to Orrhage. (Include pregnancy within 3 months of death) Major findings of operations. No operation Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. Burial Date thereof June 1/4, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Good Shepherd Cemetery Location Ellicott City, Maryland 18. Funeral director Easton Sons Address Ellicott City, Maryland 19. June 11, 1947 Call T. Wester Registrar Registrar	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide

RESERVED FOR BINDING MARGIN ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

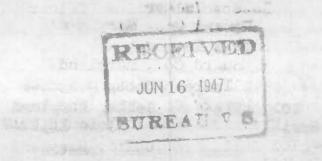
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04838

CERTIFICATE OF DEATH

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CERTIFICAL	IE OF DEATH	Reg. Dist. No	Z
1. PLACE OF DEATH County City or town Outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Eoun City or town (1f outside city or own limits, Street No. (1f rursi, give l 2.(a) it veteran, name war	write RURAL and give not	
3. (a) FULL NAME Bessie Dr. Fys	on.	3. (b) Social Security	Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced Tem. Mult Multon	MEDICAL CE	RTIFICATION L 8/47.	31 8 A.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above 19	10	19
9. BirlhplaceBaltoCoMd	Oue to		
14. Maiden name. Clara Cole 15. Birthplace Harford Co., Md. 16. Informant. Mr. James E. Tyson Address 1016 F St., Balto. 19, Md.	(Include pregnancy within 3 m Major fiedings of operations		
17. burial (Burisi, cremation, or removal. Which?) Cemetery or crematory. Camp Chapel Cemetery Location. Fullerton. Md. 18. Funeral director Address 7401 Belair Road	Accident, suicide, or homicide	(County)	(State)
19. June 10-1947 D. J. Harbert Registrar	Address Address	Date signed	or other

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

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2411	N.	Charles	St.,	Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
Mary E. Uhl	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION A 20. DATE OF DEATH June 7, 1947 at 11:30 M
6.(b) Name of husband or wife Louis C. Uhl 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 25, 1865 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Howard County 10. Usual occupation Homé Duties 11. Industry or business 12. Name Gustavious Tucker 13. Birthplace Howard County 14. Malden name Sarah E. Wheeler 15. Birthplace A.A. County	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
15 Richalace A. A. County	Major findings of operations. Date of op.
Mrs Bell Mills Address 51 N. Prospect Ave. 17 Burial (Burial, cremation, or removal. Which?) Cemetery or crematory (month) (day) (year) Location	Antopsy results. PHYSICIAN: Please maderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farmy, industry, public place (where?)
Address / 200 W. Landard St. 19	Meens of Injury Injured at work? 13. SIGNATURE M. D. or other 8-40 Address Dale signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(A) MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

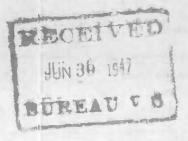
2411 N. Charles St., Baltimore

13/0

04840

CERTIFICATE OF DEATH

6.(b) Name of husband or wife Appl Conica April 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	
4. Sex 5. Color or race 6.(a) Single harried, widowed, or divorced 6.(b) Name of husband or wife for the first state of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day AGE: The first state of death occurred on the date above stated; that I attended deceased from the date above stated; the date	ALL OF A LALL OF AN ARTHUR STATE OF THE
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month's Days If Jess than one day hrs. min.	Number
8. AGE: Years Months Days If less than one day Thirth date of deceased (mo., day, yr.) Bays If less than one day Age of deceased (mo., day, yr.) Bays If less than one day Age of death one day	at 10:15 N M
10. Usual occupation	DURATION 6 M ED
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistics. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1			2411 N. Char	lea St., Baltimore 516			
			CERTIFICA	TE OF DEATH		Reg. Dist. No	83
1. PLACE OF DEAT	H:			2. USUAL RESIDENCE (HO	ME) OF	DECEASED:	
County Bal	r Imore	oon Re	isterstown	State Md			e
Lity or town	id - sites -m tomer lie	mite wwite BIIR	Al. and give nearest town)	City or town. Deer (If outside city or	Park	near Reist	erstown
low long in above place of	death?	49 yr	8	(If outside city or	town limits,	write RURAL and give nea	rest town)
Hospital, institution, or St	reet address where t	geath occurred:	ark	Street No. Deer Pa	rural, give L	OBO	
	stitution?			2.(d) II veteran, name war	4.4		N I
3. (a) FULL NAME		77.0				3. (b) Social Security	Number
			rd Vaughn			none	
7. 00.	5. Color or race	6.(a) Single, m	arried, widowed, or divorced			RTIFICATION	0 1
M	AA		W	20. DATE OF DEATH.	2	/ 4 /9	, at . 6 . A
	Barba	ra Ann	Elizabeth	21. I CERTIFY that death occurred on	the date above	stated; that J attended dece	ased from
B.(o) Name of nuseand of	Vanghn	A /-> 14	alive, give ageyea	1/1/51/	19	to 6 1	419
				and that I last saw h			
7. Birth date of deceased (mo., day, yr.)			.OO) It less than one day	Immediate cause of death	.,,f	<u>,</u>	DURATION
8. AGE: Years 83	Months 8	16		Tours Sal	1128	min way	Valley
			hrs mls	1.			
9. Birtholace Nort	h Branc	h Balto	Co Md	Oue to //20/2/2	len	en con	*
	Farm	county, and stat	e)	4	0	2 2 2	*
10. Usual occupation	Y. O.T. 181		***************************************	Due to The Very	020		**
11. industry or business	des						
置 12. Name	ohn P V	aughn		Other conditions	92/87		
13. Birthplace U	nknown			- 1010 1010	within 3 m	onths of death)	
Maiden name M	largaret	Parker	1	Major findings of operations	1	Olitino de di dicino	
	nknown						*******************************
2 15. Birthplace		+ 0110	on	-		bate of op	
			ien	Autopsy results	cause to whi	ch death should be charged	statistically.
Address Dee	r Park		isterstown M	22 VIOLENCE. If death was due to			
17Bur	ial	Date thereot.	June 25 194 (month) (dsy) (year)	Accident, suicide, or homicide	-	Date of	
(Burial, cremation,	or removal, Which?	o Chanc	(month) (dsy) (year)	Where did injury occur?(Cit			
Cemetery or crematory			1 Cemetery	··· (Cit			
Location		rook Me	,	Injured at home, farm, Industry, pub	ic place (who		
18. Funeral director	m Berry	man & S	ons	Means of Injury	0	injured at work?	- 50
	eisters			- mus	- /	Called	m. 1
Address			O -: 1	23. SIGNATURE		M. D.	or other
19.6-24	19 47	C/0-	My S. ELine	Restude	vina e	Date signed	6-24-1
(Date rec'd by regi	strar)		registr	Wanters			

MARGIN RESERVED FOR BINDING

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JUN 26 1947

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CHRISTING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

How long in above place Hospital, institution, o	timore outside city or town line to ot death? 72 or street address where d m. Hosp. Ft	days	URAL and give nearest town)	(For newborn infants give residence of mother) State MAXXXXX V2 County City or lown Nuttsville (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 1. (If rural, name war.
3. (a) FULL NAM STEWARI				3. (b) Social Security Number Unknown
4. Sex Male	5. Color or race Colored		e. married, widowed, or divorced dowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 1
6.(b) Name of husban 7. Birth date of deceased (mo., day	4 0 08	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above slated; that t attended deceased from March 21, 19.47 to June 1, 19.47 and that I last saw him alive on June 1, 15.47 Immediate cause of death Disease of Heart: Rheu- DURATION
8. AGE: Yea		0ays 30	If less than one day hrs. min.	matism & Goronary Arteriosclerosis; 1 year
10. Usual occupation	Unemploye	d	state)	insufficiency:myocardial
~	e			(Include pregnuncy within 3 months of death) Majur findings of operations
	inical Reco		ets.Adm.Hosp.	Autupsy results
Cemetery or crema Location	edville, Va	le Ce	metery Balto, Md.	Where did Injury occur?
19. (Date rec'd by	registrar)	A	to fedrees	M. D. or other

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

04843

CB

8.(b) Name of husband or wife	CERTIFICAT	TE OF DEATH
4. Set Male. Male Male Married Marrie	County Balling County C	State Penn County North Homoton Caston (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) If veteran, name war.
Maje. W Married. 8.(0) Name of hurband or wife. Sarah Voge) 7. Birth date of wife. Sarah Voge) 7. Birth date of wife. Sarah Voge) 8. AGE: Taris Months Dars It less than one day 7. Birth date of wife. Sarah Months Dars It less than one day 7. Birth date of wife. Sarah Months Dars It less than one day 7. Birth date of wife. Sarah Months Dars It less than one day 8. AGE: Taris Months Dars It less than one day 9. Birthplace Sarah Months Dars It less than one day 10. Usual occupation. Pal. N. T. D. 11. Industry or business IN DUST FIG. PANT. 12. Kame Charles Voge 13. Birthplace Easton Penn. 14. Maiden name. Mary Alice Schooley 15. Birthplace Easton Penn. 16. Informant MYS Sarah Penn. 17. Was accumulated to some day of the sarah was due to external causes, fill in the following: Accident, suicide, or homicida. 18. Mary or control. Which: Sarah Mary County (State) Injured at how? 19. Mary or correction or removed. Which: Date thereof. Schooley (State) Injured at how? 19. Mary or correction or control. Which: Date of Injured at how? 19. Mary or correction or control. Which: Date of Injured at how? 19. Mary or correction or control. Which: Date of Injured at how? 19. Mary or correction or control. Which: Date of Injured at how? 19. Mary or correction or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 19. Mary or control. Which: Date of Injured at how? 20. BIRTHPIP on the data babors rated; that I of tended deceased on the Sept. J. J. D. or other. 21. 10 Entry that dath each abovs rated; that I of tended deceased to which death was due to external causes, fill in the following: Accident, suicide, or homicide. 19. Mary or control. Which:		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Day If less than one day 7. 3 5 /3 hrs. min. 9. Birthplace Day ONE 10. Usual occupation. 11. Industry or business IN DUST FIG. 12. Name. Charis Pendu. 13. Birthplace East on Pendu. 14. Maiden name. Mary Alice Schoole (Major Eodings of eperations.) 15. Birthplace East on Pendu. 16. Informant Mr.S. S. F. S. N. V. O. C. Accepts results. 17. Christic cremation, or removal. Which: 18. Funeral different Schoole (County) (State) 19. Funeral different School Pendu. 20. Insulation with a months of death of the following: 19. Funeral different School Pendu. 20. Insulation premoval. Which: 21. Christic cremation, or removal. Which: 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral different School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Funeral different School Pendu. 20. Signature Marks School Pendu. 21. Signature Marks School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Funeral different School Pendu. 20. Signature Marks School Pendu. 21. Signature Marks School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Funeral different School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Funeral different School Pendu. 20. Signature Marks School Pendu. 21. Signature Marks School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Funeral different School Pendu. 20. Signature Marks School Pendu. 21. Signature Marks School Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Address Pendu. 22. VIOLENCE: If death was due to external causes, fill in the following: 19. Address Pendu. 20. Signature Marks School Pendu. 21. Address Pendu. 22. VIOLENCE: If death was d		MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 3 19 47 at 3 A. M
10. Usual occupation. 11. Industry or business IN DUST FID PART. 12. Name. Charles Voqe 14. Maiden name. Mary Alice Schooley 15. Birthpiace Easton Penn. 16. Informant. Mr. 5. Sarah Voqe 17. Original cremation, or removal, Which Date thereof. 18. Funeral director Committee of the comm	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Sept 10 19 46 to SUNE 19 19 19 19 19 19 19 19 19 19 19 19 19
14. Maiden name Mary Alice Schoole 4 15. Birthpiace Easton Penn. 16. Informant My. 5. Sarah Voge Address 13 Belinda Auc. 17. Correction, or removal, Which? 18. Euclide Schoole 4 Major fiodiogs of operations. Major fiodiogs of operations. Address 13 Belinda Auc. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. (City or town) (County) (State) Injured et home, farm, Industry, public place (where?) Means of Injury injured at work? 23. SIGNATURE. 24. M. D. or other	10. Usual occupation	Due to.
16. Funeral direction of the state of the st	14. Maiden name Mary Alice Schooley 15. Birthpiace Easton Penn. 16. Informant Mrs Sarah Voyel Iddress Belinda Ave. 17. Le Mora Train Date thereof July 3 47 (Berial cremation, or removal. Which?) Cemetery or crematory Management of the Sarah Constitution of the Sarah Const	Major fiodiogs of operatioos. Date of op. Actopsy results. PHYSICIAN: Please coderline the caose to which death shoold he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
	16. Funeral direction of the Address	23. SIGNATURE IM Of R. English MD.

2411 N. Charles St., Baltimore

04844

CERTIFICAT	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced white widow 6.(b) Name of husband or wife Maximilian A. Waizmann	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and thet I last saw h. L. allve on frace 6 19 47. Immediate cause of death DURATION Brocess Pressions 3 d
9. Birthplace New York City (Town, county, and state) 1D. Usual occupation. Housewife 11. Industry or business 12. Name John Kilgen 13. Birthplace Europe	Mellet Registatie Scorper 3d Due to Ay seresulines 3d Due to Ole Interest Register 3d Due to Ole Interest Register 3d Other conditions Chebice Allegariles 70 471
14. Malden name Wilhelmia Wielet 15. Birthplace Unknown 16. Informant Mrs. Margaretha W. Drechsler	(Include pregnancy within 8 months of death) Major findings of operations.
Address 6315 Banbury Rd. Removal Date thereot 6/10/47 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. WOODLAWN CEM. Location New York 18. Funeral director WM. J. TICKNER & SONS	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address / Baltimore, Md. 19. 6 / 9	23. SIGNATURE SFASTORY M. D. or other Address 2818 Harford Mu Date signed 6-9-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information of ally. The cimportant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04846 PRog. Dist. No. 30

CERTIFICATE OF DEATH

1. PLACE OF DI	D .	ltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
How long in above place Hospital, institution, of Sprin	cutside city or town in the of death? 5 year street address where grove St	tonsvi imita, write i ears, death occurre ateHo.	De nonths 22 days	State Maryland County Baltimore City or town Colgata (If outside city or town limits, write RURAL and give nearest town). Street No. (If rurai, give LOCATION) 2.(a) If veleran, name war.			
3. (a) FULL NAM		ander V	lewrzyniak	3. (b) Social Securi	ity Number		
4. Sex male	5. Color or race white	6.(a)Sing	e, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jung 7 19.47	7, at 7.100a.		
			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I altended of	19.4.7		
deceased (mo., day	re Months	14, 11 Days 24	If lese than one dayhrsmin.	Immediate cause of death Chronic myocarditis	DURATION		
9. Birthplace	? Opera	county, and		Due to. Cardiac asthma			
t3. Birthplace	Maryl	and	zyniak	Other conditions (Include pregnancy within 3 months of death)			
14. Maiden name	Marga ?	ret (Major fiedings of operations			
Address		sville	ords -2 Maryland June 11 1947 (month) (day) (year)	Actopsy results. PHYSICIAN: Please underline the cause to which death should be chan 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	ged statistically.		
Location .Eas	tern Ave	Balt	more Md.	Where did Injury occur?			
Address 52	N.Morle	y St.	7. W. Helvel	23. SIGNATURE Isadore Tuerk, M.D. Address Catonsville-28. Md. Date electors			

PLEASE WAITE

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04847 P

How long in above place Hospital, institution, or Veter How long in hospital or	imore Howard, M utside city or town lie of death? street address where to ans Admini Institution?	days leath occurre strati	nd WRAL and give nearest town) d: .on Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Sparrows Point (If outside city or town limits, write RURAL and give nearest town) Street No. 1005 K. Street (If rural, give LOGATION) 2.(a) If veteran, name war W I				
3. (a) FULL NAME	IRAN R.	WHITE		The World Committee of	3. (b) Social Security	Number		
4. Sex Male	5. Color or race Colored	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	,at 7:20 Pa		
7. Birth date of deceased (mo., day, yr 8. AGE: Years	Octobe Months	Days	c) If alive, give ageyears 1892 tiless than one dayhrsmin.	21. I CERTIFY that death occurred on the date abo June 21 and that I last saw h im alive on Jun Immediate cause of death TURERCUI CAVITATION, BILATERAI	47 _{to} June 30 ne 30 LOSIS PUIMONAR	19 4-7 19 4-7		
1D. Usual occupation 11. Industry or business [編] 12. Name	Unemploye	d Ih iite	state)	Due to		9 mos.		
14. Malden name	Rachael Roanoke,	Va.	Veterans Adm.	(Include pregnancy within 3 r	Date of op.			
Address Fo 17	ort Howard, orremoval Which? , Baltimo ltimore, M	Date the Dat	land reot. 7.5.47 (month) (day) (year) tional Cemetery	PHYSICIAN: Please underline the cause in with th	ises, fill in the following; Date of (County) here?) Injured at work?	(State)		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			. /
Reg.	Diat.	No.	4

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Golden Ring (if outside city or town limits, write RURAL and give nearest town)	State Md. County Balto.			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town			
Nospital, institution, or street address where death occurred:	Street No. Old Philadelphia Road			
Old Philadelphia Road	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
Tred. Charles Wiegand	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male White Marries	20. DATE OF DEATH JUNE 2 0 19.47 21 8/15 P			
6.(b) Name of husband or wife Bertha A. Wiegand	21. I CERVIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of	and that I last saw h Amaging on Struck 20 194			
deceased (mo., day, yr.) April 30th, 1873 8. AGE: Years Months Days If less than one day	Immediate cause of death Selected apoplesay. DURATION			
	/ Vo days			
74 1 20hrsmin.				
9. 8irthplace Balto Co. Md. (Rowns county, and state)	Oue to Millio- Illevour Carlles			
10. Usual occupationWatchman	Vasuem Misland			
11. Industry or business U. J. Langenfelder	Due to			
-11				
12. Name JohnC. Wiegand	Other conditions			
≤ 13. Birthplace Germany	(Include pregnancy within 8 months of death)			
14. Malden name Agnes Miller	Major findings of operations			
15. 8irthplace Germany	Oate of op			
16. Informant Mrs. F. C. Wiegand	Autopsy results			
Address Old Philadelphia Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?) Date thereof. June 23, 1947. (month) (day) (year)				
Cemetery or crematoryZion Lutheran Cemetery	Where did injury occur?			
tocation Stemmers Run, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Lassalw Funesal Ham	Means of Injury Injured at work?			
W402 - 2 4 D	Ma. M. A.			
Address 7401 Belair Road	23. SIGNATURE CO. M. Musseyardner			
19. (Date rec'd by registrar) 19. (Shar S) 19. (Registrar) 19. (Registrar)	Address Bulto 6 Mill Rate stend 6-20-4			

MARGIN RESERVED FOR BINDING

correct age



JUL 7 1947

BUREAU T.S.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

9-45-15 M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

182

04849

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Wendall Wills	3. (b) Social Security Number
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 26 19.47, at 9.49
6.(b) Name of husband or wife.	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19to
7. Birth date of	and that I last saw halive ont9
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
1 20	
hrs,min.	- Sufficien -
9. Birthplace Oalunot (Town, county, and state)	Due to a
ma And O	Cay or was in the crown
	Due to
t1. Industry or business	-
	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Madeluste Faste	Major findings of operations.
15. Birthplace Worth Carolina	- Date of op.
to informant Mrs. Pearl Rouseund Willes	Autonsy results.
ALAD St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 16 2 Dalywork we., www.	22. VIOLENCE: It death was due to external causes, titl in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory With. View	Where did injury occur? (City or town) (County) (State)
Tuesday of translation of the Mindeline	
Location J. MANAGERO C. J. J. L.	Means of triur Augustry mibilic place (where?)
t8. Funeral director. No Cana X. Jyshlu	Means of Injury 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address 2112 Dundalk, and.	1 10/22 auro ma.
Charles Charles	23. SIGNATURE
19. (Date rec'd by registrar Registrar	Address Date signed A
	Mancaarin Burthung (Politeration of Colores International Colo



CERTIFICATE OF DEATH

		s St., Baltimore	940	048	50
	CERTIFICAT	E OF DEATH		Reg. Dist. No	35
1. PLACE OF DEATH: Baltimore	0	2. USUAL RESIDENCE (For newborn infants give	HOME) OF DI	ECEASED:	
City or town	and give nearest town)	State Mary a	/	Daltix	nore
How long in above place of death?		(If outside city	or town limits, wri	stricts	chal
How long in hospital or Institution?		2.(a) If veteran, name war	(If rural, give LOC		******************
3. (a) FULL NAME	1 1/1/1		3	. (b) Social Security 1	Number
4. Sex 5. Color or race 6.(a) Single, marrie	ed, widowed, or divorced	MEI	DICAL CERT	TEICATION	
Male White May	rried.	20. DATE OF DEATH 2 24. 7	- 11	1947	at /2/3
6.(b) Name of husband or wife	ilson	21. I CERTIFY that death occurred	on the date above sta	ted; that I attended decea	sed from
7. Birth date of	re, give age 6 2 in years	and that I last saw h			
deceased (mo., day, yr.) / OUEM DEY 2. 8. AGE: Years Months Days If Ic	ess than one day	Immediate cause of death	rus TA	Ara la	DURATIO
72 6 17	hrsmin.	4.			***************************************
9. Birthplace	L. RID	Duo to		***************************************	**********
10. Usual occupation		Bue to.			***************************************
11. Industry or business Own farm,	7.100			***************************************	***************************************
12. Name OY N. 8 / J. V. S. V. 13. Birthplace	1/5021-	Diher conditions	*************		***************************************
	Ma.	(Include pregna	ncy within 8 month	s of death)	
14. Maiden name 2 2 3 York M	811	Major findings of aperations		***************************************	
Man Clara Se	1:00		***************************************	Oate of op	
16. Informant Francisco	read PO	Autupsy results			
Address Firelland, P	19101	22. VIOLENCE: If death was due	to external causes, f	fi in the following;	
(Burial, cremation, or removal. Which?)	(month) (day) (year)	Accident, sulcide, or homicide			
Cemetery or cremetery / Ine Cryoue	4.13	Where did injury occur?(C	ity or town)	(County)	(State)
Location STATON, Md.	R.D.	Injured at home, farm, industry, pu			
18. Funeral director ACO Sarah	enslery	Means of Injury		Injured at work?	
Address / Mew Fire	don. 10	U. ()	10 2	-100	
Chest	and JOV	23. SIGNATURE	Vis. J	M. D. or	othe
19	Registrar	Address of and	y con	Date signed	1161

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MARGIN RESERVED FOR BINDING

efrrect age

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

CERTIFICATE OF DEATH

BC0485144 Reg. Diat. No.

1. PLACE O	P DEAT	H: Ce			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
				RURAL and give nearest town)	State Maryland county				
	(If outs	ide city or town li	mits, write F	RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)				
Hospitai, Institu	tion, or str	eet address where	death occurre	d:	Street No. 1331 Gilmor Street				
Vets. A	Adm. F	losp., Fo	rt How	ard, Maryland	(If rurnl, give LOCATION)				
How long in ho	spital or ins	titution? 67 D	ays		2.(a) If veleran, name war				
3. (a) FULL	NAME		Ш		3. (b) Social Security	Number			
		JAME Color or race	S WILS	ON e, married, widowed, or divorced					
4. Sex					MEDICAL CERTIFICATION				
Mal	Le	Colored	W	lidowed	20. DATE OF DEATH June 9, 1947				
E (b) Name of h	ushand or	wife Widow	ed		21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from			
				c) If alive, give ageyear	April 1, to June 9,				
9 Binth doto of		3-22-		-/ 11 miles, give age	and that I last saw h	1947			
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death Hemo and Hydro-peri-	DURATION Unknown			
o. nos.	53	2	17			Olikilowii			
	9. Birthpiace Cumberland County, Na. (Town, county, and state)				Due to. Metastatic carcinoma of epi-	***			
9. Birthplace		(Town,	eounty, and	atate)	Due to Carduim	3 mos.			
1D. Usual occu	pation	Laborer	•••••		Due to Carcinoma upper lobe rt. lung	2 mos.			
11. Industry or	business								
当 12. Name.	Rich	ard Wils	on		Other conditions Arteriosclerosis, general-	•			
13. Birthpl	ace Vi	rginia			(Include pregnancy within 3 months of death)	4 mos.			
Maider	B Bame E	Mfie Tay	lor						
14. Maider 15. 8irthpl	Vi	rginia			Major findings of aperations				
				7-1- A 3- TT	Antopsy results Confirms diagnosis	10/49			
16, informant		rt Howar		ets. Adm. Hosp.	PHYSICIAN: Please underline the cause in which death abould he charge	d statistically.			
Address	FC	I HOWal	u, mar		22. VIOLENCE: If death was due to external causes, fill in the following:				
17. Buffal, cremation, or removal, Which?) Date thereof — 3 -47 (Buffal, cremation, or removal, Which?) (month) (day) (year)					Accident, suicide, or homicide				
Cemetery or crematory. The transport of the control					Where did Injury occur?	/Stata)			
					Injured at home, farm, Industry, public place (where?)				
Location			J. K	Jal to	Means of Injury Injured at work?				
18. Funeral di	rector	aug	chie	virallas					
Address	9/8	Bhe	ud	Hill WE	22 SIGNATURE MUMIN				
10 Occ	ne	12 19 47	6	w. fedresk	G. LERNER, M.D	or other 6/10/47			
13,		4		- D Danieten	Ft. Howard Md.	0/10/4/			

VS Ars

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04852

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Balto					2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infantn give residence of mother)				
			***************************************	State Md. County Balto.					
City of town.NT(If	outside eity or town li	nits, write I	RURAL and give nearest town)						***************************************
			8	City or town CWITIES MILIES (If outside city or town limits, write RURAL and give nearest town)			own)		
Hospital, Institution, o	Street No			DOO T COO OHO CO FROM A THE COURS OF A SHEET OF A					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			roral, give L			100000000000000000000000000000000000000		
How long in hospital	or Institution?	***************************************	2.(a) If veteran, i	name war		••••••••••••••••		*******	
3. (a) FULL NAM	(E					1	3. (b) Social Secu	rity Naml	
			y Wimsett		\wedge		5. (0) Bucial beca	iny man	
4. Sox	5. Color or race	6.(a)Singl	o, married, widowed, or divorced	1	MEDI	CAL CEI	RTIFICATION		(-
Male	Male White Married				H kin		15 194	7	47
	S.(b) Name of husband or wite Laura Jane Wimsett					tho date abovo	stated; that I attended	deceased to	6m , 77
***************************************	********		c) It allyn, givo ageyeara		1ff	197		boniz	19
7. Birth date of	yr.) Aug 1	1 127	A	and that I hast say	what Manallye o	n	file the first from the same		19
deceased (mo., day, 8. AGE: Year		Days	If tess than one day		of death	car	oh is	1 .	DURATION
72	10	1				None.	e cheson		·····
Bs	altimore	City			24/0				
	(Towo, e	county, and	state)	Due to	1/2	de.	the Later		
	Retired	empl	oyee of Balto.	Due to.		set	selvos		******************
11. Industry or busine	" Transit					-			
当 12. Name. JC	hn Wimse	tt		Other conditions					
13. Birthplace	Balto Co						••••••••••	*****	*******************************
	Wlianboth	2/0 -	A :		(Include pregnanc	y within 3 mo	nths of death)	••••••	
E 14. Malden name	- H1.1.28.06.61	I MELT	tin	Major findings of	operations				
≥ 15. Birthplace	Elizabeth Balto.Ci	ty							
18 Interment LE	aura J.Win	nsett						•	
			***************************************				h death shoold he cha		
-	ings Mills		of June 18, 1947 (month) (day) (year)	22. VIOLENCE:	If death was due to	external cause	s, till in the tellowing;		
Burial, eremation				Date of	-	************			
Cemetery or cremat									
THE RESERVE TO SERVE		occur?(City	y or town)	(County)	(Stat	te)			
Location Be	Injured at home, t	arm, Industry, publi	ic place (wher	re?)		****************			
18. Funeral director	Means of Injury	1-		Injured at work?	11/1	10			
Address Rei	sterstown	a, Md.			Anui	14	1-1	tell	
19. Onte rec'd by re	18 - 19 47 egistrar)	M	Ary B Elina Registrar	23. SIGNATURE	es ter	2hm	N Pale sig	D. or other	16/5

HTRANS TO THE STRANGE STATE BRASINGS

HUARD RO STRUCK THE RELL

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JUN 19 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4853 P

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County.	Baltimo	re		State					
	outsids city or town limit								
				City or town					
How long in above place of death?				Street No. 217 Rive					
	nospital, maticular, or street seasons				rural, give LOCA				
	or Institution?			2.(a) If veteran, name war					
3. (a) FULL NAM					3. ((b) Social Security	Number		
	Herb	ert Wilson	Winters						
4. Sex	5. Color or race	6.(a) Single, married, wido	wed, or divorced	MEDI	CAL CERTI	FICATION			
male	white	marri	ed	20. DATE DE DEATH	ne 11	19.47	1 950 A W		
				20. DATE OF DEATH.					
6.(b) Name of husband	or wifeSadie	L Winters		21. I CERTIFY that death occurred on	the date above state	u; that I attended dece	// 47		
7. Birth dale ot deceased (mo., day,	vo Feb 24 1	875		and that I last saw h Alamalive of					
8. AGE: Year	7107	Days If less that	n one day	Immediate cause of death	1.1	7	DURATION		
72		3.0		Mujotari		ull	5 lays		
16	0	18	hrs min.		art fulus				
9 Rirthniace	Baltimore (Town, cou			Due to Chroni	- sugor	arditio	4 years		
				Chron	re Grego	hritis	4 Grans		
1D. Usual occupation.	Steel worke		Point	Due to			0		
11. Industry or busines	ss Be	th Steel							
				Att Hitt	994444944444000000000000000000000000000	***************************************	*** ***********************************		
12. Name	Don't know			Other conditions	***************************************	· · · · · · · · · · · · · · · · · · ·			
				(Include pregnance	y within 8 months	of death)			
14. Maiden name	Don tt. know	····		Major findings of operations					
15 Birthnines									
and 13. Britispiace	rs Sadie L W	intere							
16. Informant	217 Riverve	Tructo		Autopsy results					
Address	KIL WIAGLAG	TM WAS							
			24 2045	22. VIOLENCE: If death was due to					
(Burial, cremation	n, or removal, Which?)	Date thereofJun	居) 七卦) 长卦	Accident, suicide, or homicide		Date of			
Cometery or cremat	inry T			Where did Injury occur?(Cit	war tawa)	(County)	(State)		
Jemeter, or etemat	Baltimo	re Cemetery		Injured at home, farm, Industry, pub			1-3		
Location			••••••		me place (wherer)		***************************************		
18. Funeral director	Ullrich F	uneral Home		Means of Injury		Injured at work?			
	2008 Orlea			110.	1 N	11.1.	5 W. D		
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 -	111	23. SIGNATURE	and N.	uuuuu	no.		
. 6/1	2 . K)	Stal	Hedreet	Address & Kuslup	VA M. 1	ull Mes. D.	or other		
(Duto road by re	enistror)		Registrar	Address 2 Misky	er - wund	Date signed.	6/12/4		

VS A15

1. PLACE OF DEATH:

County.

Baltimore

Hospital, Institution, or street address where death occurred: 6409 Manle Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04854

CERTIFICATE OF DEATH

23. SIGNATURE

Address.

- 0	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	of mother)
City or town Woodlawn	County Baltimore
Street No. 3 6409 Maple	
2.(a) It vetoran, name war	

(a) FULL NAME			
		aura R.	. Wood
Sex	5. Color or raco	6.(a)Singl	le, married, widowed, or divorced
remale	White		Single
(b) Name of husband o	or wifo		
• • • • • • • • • • • • • • • • • • • •		5.(c) If alive, givo ageyea
Birth date of deceased (mo., day, yr) Novemb	er 7, :	1874
. AGE: Years	Months	Days	If less than one day
72	7	17	hrsmir
Buthalasa Em	ederick C	ounty.	Md.
BirthplaceEr			
. Usual occupation	None	***********	
. Industry or business			
12. Name	eorge H.	Wood	
13. Birthplaco			•
14. Maiden name			
15. Birthplace			
6. InformantMr.S	, Joseph	Vanima	11
Address 640	9 Maple A	ve., W	oograwn
, Buris	1	Oato ther	eof June 27, 1947
(Burial, cremation,	or removal, Which?)	(month) (day) (year)
Cemetery or cremator	L DUGOT	rain	Селе сегу
Location	Baltim	ore, M	ā.
Euparal march	Willia	La	ts Ave.
Address 45	U Liberty	Heigh	ts Ave.
ADDITION TO A		0	

Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

	3. (b) Social Security Number	
MEDICAL CE 20. DATE OF DEATH	RTIFICATION 12.0	7
21. I CENTIFY that posth occurred on the date about 19.	o stated; that attended deceased from	22
Immediate cause of death	ombosis 25 m	21
Duo to arthris sa	Cerosis 10 yrs	1
Due to		
Other conditions arterial H	pertusion 184	17
(Include pregnancy within 8 m		
Autopsy results	They	••••
22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County) (State)	••••
injured at home, farm, industry, public place (wh	еге?)	
Means of Injury	Injured at work?	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04855

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Beltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	State Maryland County				
(If outside city or town limits, write RURAL and give nearest town)	City or town. Beltimore (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 8 days. Hospital, institution, or street address where death occurred:					
Veterans Administration Hospital	Street No. 24 S. Payson Street (If rural, give LOCATION)				
How long In hospital or Institution?	2.(a) If veleran-name war				
3. (a) FULL NAME					
ROBERT E. YOUNTS	3. (b) Social Security Number 217-12-0940				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Married	20. DATE DE DEATH. June 30 19 47 31 4:55 A				
N B W					
6,(b) Name of husband or wife Mary E. Younts	Time 22 17 Time 20 17				
7. Birth date of 21 years	and that I last saw h im alive on June 30 19 47				
deceased (mo., day, yr.) February 20, 1924	Immediate cause of death DURATION				
8. AGE: Years Months Days If less than one day	SUB-ACUTE GLOMERULONEPHRITIS 2 Weeks				
23 4 10mln.	Plus				
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to				
10. Usual occupation Laborer	Due to				
11. Industry or business					
To la	Dther conditions				
12. Name Roscoe Younts 13. Birthplace North Carolina	(Include pregnancy within 3 months of death)				
14. Maiden name. Mary ?					
14. Maiden name Mary ? 15. Birthplace North Carolina	Major findings of operations				
	Substantiated Above				
16. Intermant Clinical Records, Veterans Adm.	Autopsy results. Substantiated Above PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address Fort Howard, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:				
Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide				
Cemetery or crematoryBaltimore National Cemetery					
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)				
18. Funeral directorGeorge A. Farley	Means of Injury Injured at work?				
Address Fayette & Fulton Aves. Baltos Hd.					
	23. SIGNATURE TIMESyan M.D.				
19. Dele 8 1947 Nauron & Parles	V.A. Fort Howard, Md.				

